



ENROLMENT / BOOKING FORM

ICATS TRAINING COURSE REGISTRATION

Course Date	
--------------------	--

Candidate Details:

Surname:	Forename:
Address:	
Post Code:	Telephone No.
Are You Currently Registered with CORREX: YES / NO	
If Yes, please enter your Registration Number:	

Employer/Sponsor Details (if Applicable)

Company Name:
Address:
Contact Name & Telephone Number:
Is the Company Paying for this Course: YES / NO

