

## Student Enrollment Form

Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Telephone No \_\_\_\_\_ Facsimile No \_\_\_\_\_

Remarks \_\_\_\_\_

Credit Card Holder Name \_\_\_\_\_

B'Card  M'Card  Visa  Amex  Diners  Card No \_\_\_\_\_

Expiry Date \_\_\_\_ / \_\_\_\_ Amount \$ \_\_\_\_\_ Authorised Signature \_\_\_\_\_

Customer No \_\_\_\_\_ Purchase Order No \_\_\_\_\_

Address \_\_\_\_\_ Post code \_\_\_\_\_

Date \_\_\_\_\_

This application for Enrolment is subject to acceptance and confirmation by IBM and is subject to the Terms and Conditions of IBM Education & Training

Course Code	Course Title	Course Location	Start Date	Student Name

Enrolled By \_\_\_\_\_

Name \_\_\_\_\_ Company \_\_\_\_\_

Title \_\_\_\_\_ Address \_\_\_\_\_

Telephone No \_\_\_\_\_

Signed \_\_\_\_\_ on behalf of \_\_\_\_\_

**For enrolments and further information phone: 1-800-801-088 or**

**fax: 1-800-801-085**

**IBM Education and Training internet site: <http://www.ibm.com.au/educate>**