Training Enrolment Form

Contact Person: _____ Job Title: _____

Company: _____

Address: _____

_____

_____

Telephone: _____ Fax: _____

Email: _____

Participant Name	Course Name/Code	Course Date	Course Fee (HK$)
		Total:	

Signature & Co. Chop: _____

Date: _____

Enrolment procedure

1. Fax the enrolment form to **3007-0368**.
2. Course fee can be in form of crossed cheque made payable to **MASTERSOFT INTERNATIONAL LIMITED**.
3. Full payment must be paid **SEVEN** days prior to the course commences.
4. Rescheduling or substitution can only be made seven days before the course commences. No refund will be made after payment.
5. **MASTERSOFT** reserves the right to make alternations regarding details such as date, time, and place of course offered. All participants will be notified.

Enquiry Hotline: (852) 2111-3106