



TRAINING COURSE BOOKING

1. Organization Data

(Please tick either Old or New. Fill in the relevant information and jump to Item 2)

- Old Customer (name or cert no)
- New Customer

Company Name

Address

Nature of Business

Certification Status : Certified No / Yes by (body) to (standard)

Contact Name: Position:

Email: Phone: Fax:

2. Booking

Course Code	Staff Name	Position	Fee

Total \$ _____

We hereby confirm the above nominated personnel has (have) satisfied the prerequisite requirements for attending the above IRCA Approved Auditor Training course as stated in the relevant course descriptions.

Cheque No: (payable to *i-VAC Certification Limited*)
Form completed by

Signature _____ (Name in BLOCK _____)

Please fax this Form to 2566-9290. For enquiry, call 2566-9000 or email care@i-vac.com.

Please refer to our website at www.i-vac.com for the latest training course programme, and **'Information for Training participants' (D921)**.

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i-VAC Certification Limited

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