

Introduction

Thank you for choosing the Reliability Training Institute.

Please complete sections 1 to 3, noting:

- The 'Customer' is the person/company paying for the course
- The 'Student' is the person taking the course
- If you are both the 'Customer' and the 'Student', complete all sections

When completed, print or save the form to a PDF and send it to wendy@rms-reliability.com. To complete the form online we recommend using Adobe Acrobat Reader.

Section 1: Customer details

| | |
|---|--|
| 1. Organisation Name | |
| 2. Customer First Name | |
| 3. Customer Surname | |
| 4. Position / Role | |
| 5. Address Line 1 | |
| 6. Address Line 2 | |
| 7. City / Province | |
| 8. County / State | |
| 9. Country | |
| 10. Postcode | |
| 11. Customer Email | |
| 12. Customer Phone | |
| 13. Customer Fax | |
| 14. Invoice Address <i>(if different than above)</i> | |

Section 2: Payment details

| | |
|---|--|
| 15. Payment Method | <input type="radio"/> Pro-forma invoice <input type="radio"/> Purchase Order Invoice <input type="radio"/> Credit Card (+ 2.5% on commercial credit cards) |
| 16. Purchase Order Number <i>Please send a copy of the PO to wendy@rms-reliability.com</i> | |
| 17. Credit Card Number <i>If you prefer to speak to our Accounts department, call +44 (0)1206 791917</i> | |
| 18. Expiry Date | |
| 19. CCV No. <i>Three digits on the back of the card</i> | |
| 20. Booking Authorisation <i>Type your full name; in doing so, you are authorising the booking and payment and agreeing to the Terms and Conditions.</i> | |

Booking calculator

| | | |
|-----------------------|----------------|-------------------|
| No. of Students | Exam Fee (£) | Total Exams (£) |
| No. of Students | Course Fee (£) | Total Courses (£) |
| Total Fees (£) | | |

Exam and course fees can be found in the Training Brochure. Prices exclude VAT.

Section 3: Student Details

THE EXPERIENCE SECTION **MUST** BE COMPLETED FOR **EACH** STUDENT

If you need to register more than 5 students please complete a separate registration form; if Sections 1 & 2 remain the same, you only need to complete the first field: 1. Organisation Name in Section

***Registration cannot be completed without the Year of Birth for each student.**

| | | |
|---------------------------------------|--------|------|
| Bronze | Silver | Gold |
| Printed course materials | | |
| Add a Postal Address for each student | | |
| 1-Year Cont. Education | | |

Course
Date
 iLed
 Public
 Onsite
 Self-Paced

| First Name | Surname | Email+Phone | *Year of Birth | Experience, Mobius ID (if known), <i>Provide a short summary to support your registration e.g. time-served, industries, qualifications, job role</i> | Choose Exam <i>BINDT, Mobius or No Exam</i> |
|------------|---------|-------------|----------------|---|--|
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