



TRAINING REGISTRATION FORM

Training name:			
Presenter/Trainer:			
Date:		Location:	
Schedule:			
Training objectives:			

Attendee's printed name:

Signature:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____

By signing above, I the trainee have successfully completed training in the above training objectives.

Please submit document to the HR department



TRAINING REGISTRATION FORM

Training name:			
Presenter/Trainer:			
Date:		Location:	
Schedule:			
Training objectives:			

By signing above, I the trainee have successfully completed training in the above training objectives.

Please submit document to the HR department.

Attendee's printed name:

Signature:

- 21. _____
- 22. _____
- 23. _____
- 24. _____
- 25. _____
- 26. _____
- 27. _____
- 28. _____
- 29. _____
- 30. _____
- 31. _____
- 32. _____
- 33. _____
- 34. _____
- 35. _____
- 36. _____
- 37. _____

By signing above, I the trainee have successfully completed training in the above training objectives.

Please submit document to the HR department