



# **Training Course**

## *Registration*



### Training Course Details

Course Name:

Course Dates:

### Participant Information

Title:

First Name:

Last Name:

Job Title:

Organization/Lab Name:

Department:

Contact Phone Number/s:

Email Address:

Special requirements (ie dietary, access):

Have you attended a Roche Diagnostics Training Course before?

### Payment Details (if applicable)

Purchase Order Number:

*(can be supplied later)*

### Travel Arrangements (if applicable)

Flights from/to:

Name for flight booking:

*Note: Exact spelling as per Driver's License or Passport ID is required for airline travel*

Accommodation requirement (no. of nights):

Other requirements (ie airport transfer):

