

Amadeus Corporate University

Enrollment form



Kindly accomplish this form and send via email to mnl-training@amadeus.com and training@ph.amadeus.com

COURSE TITLE:	Course Date:
NAME OF PARTICIPANT:	Birth Date:
POSITION/DESIGNATION:	DATE EMPLOYED:
TRAVEL AGENCY NAME / AIRLINE:	IATA NUMBER:
OFFICE ADDRESS:	
GENERAL MANAGER'S NAME :	
GENERAL MANAGER'S EMAIL ADDRESS:	
TELEPHONE NUMBER:	FAX NUMBER:
<p><u>Tick the box beside each online course if already completed:</u></p> <p>Encoding/Decoding <input type="checkbox"/> Availability <input type="checkbox"/></p>	

Amadeus Training Policy:

1. Accomplishing this form is not yet a guaranteed confirmation for a slot in our Training courses.
2. Request forms without the Travel Agency's General Manager's signature shall not be accepted.
3. All requests shall be treated on a First Come First Serve basis
4. Training will send the Confirmation or Waitlist letter addressed to the Travel Agency's General Manager, copy Amadeus' Sales team

For other concerns or follow-up, you can contact the Training Department via e-mail:

mnl-training@amadeus.com / training@ph.amadeus.com

CERTIFICATION:

Please certify, by affixing your signature above your name in the space provided below, that the above participant is a legitimate employee of _____, that you have authorized his/her participation in the above course, that you agree and accept the training policies of Amadeus, and that all information furnished above are true and correct.

Name _____
General Manager / Travel Agency
(Signature over Printed Name)