

To:
AgileSparks LTD.
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Course Registration Form

Please register the following persons to the **Scrum Master** course

Taking place on _____

In _____

	Full Name	Company	Position	E-mail	Phone
1					
2					
3					
4					

General Terms:

1. The course will open if sufficient number of participants is reached.
2. Registration is done on a first served basis.
3. By signing this form I confirm that I have read the course's syllabus and found that I meet the prerequisites and that the course is adequate for my needs.
4. Payment will be done up to 14 days before the course. Cancellation 7 days or less before the course will not be refunded.
5. AgileSparks reserves the right to cancel the course up to 48 hours before it starts.

I hereby commit to paying the course's price of: \$ _____

Sincerely,

Company Name (+stamp): _____

Print Name + Signature: _____

Title: _____

Company Address: _____

Company ID: _____

Company phone: _____ Fax: _____

Date: _____