

## timeware® Professional training candidates names form

Please print clearly

**Company name:**

**Training date:**

First name																							
Last name																							
Administrator or Operator																							
I give permission for my name and company details to be included in any future timelines magazines															Yes		No						

First name																							
Last name																							
Administrator or Operator																							
I give permission for my name and company details to be included in any future timelines magazines															Yes		No						

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Last name																							
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Please ensure this document is returned to customer care as soon as possible