AMADEUS TRAINING

Please complete this form, scan and mail to training@ng.amadeus.com

AGENCY NAME: IATA CODE:	AMADEUS OFFICE ID:
PARTICIPANT NAME	DATE EMPLOYED / POSITION
COURSE REQUESTED: COURSE DATE OPTIONS: (a) (b)	
DO YOU MEET THE PREREQUISITES? YES ☐ NO ☐ ☐ Need exemption? Explain	
AGENCY E-MAIL:	PHONE:

I hereby certify that information given above is true and correct and agree to training policies of Amadeus Nigeria.

NB:
Your nominee may be refused participation if information above is found to be false.
Participant should be PC literate.
Participants should accredit before 0830am for all courses except otherwise indicated.
*This form serve as a request letter **subject to confirmation** of space.*

Authorised by:

Name:
Managing Director/ General Manager
Sign over name with company seal / Validator