

Registration Form

To register for AVS eLearn LMS, please complete the form and email to: eLearn@Alpha-Vantage.com. Following receipt, an email with the selected payment method will be sent to the contact person to complete the registration. PLEASE PRINT CLEARLY. Email and Phone number are required for complete registration and confirmation.

CONTACT PERSON (For	Communication Purpose)		
Name:		Job Title:	
Company:			
Address:			
Country:	Phone:	Email:	
CONTACT PERSON (For	Billing Purpose) Please indi	cate as "As Above" if same as above	
Name:		Job Title:	
Company:			<u> </u>
Address:			
Country:	Phone:	Email:	
Disease Calast Davis	B. G. a. Ll.		
Please Select Payment	Methoa:		
	redit Card / Debit Card (A surc		
- A secure	link will be provided for your	payment)	
By Bank Trans	sfer		
- An invoid	ce with bank account details w	vill be provided for your payment	
REGISTRATION DETAILS	\$		
	<u>*</u> ====		
Number of Users:	Please indicate the tot	al number of users registering for A	AVS eLearn
Please note that Certific	cates are issued according t	o the names provided. (For more n	ames, please attach excel sheet
First Name	Last Name	Email Address	Phone Number
	_		
Authorised Signature:			1
Print Name:			Alpha Vantage
Date:			Solutions
Date.			More information on AVS eLearn in

www.alpha-vantage.com/avs-elearn