



**Duplex Cleaning Machines**

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# eLearning Registration Form

This form was designed to allow us to register your new accounts for access to our Duplex online course training and e-learning website

**Your Details:**

Company Name: \_\_\_\_\_  
 Manager's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 Mobile/ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Preferred course(s): \_\_\_\_\_

**All staff must fill in all fields below:**

First Name	Last Name	Mobile Phone	Email Address	Phone Number	Username	Password*	Preferred Course

*\*Note: The password must have at least 8 characters, at least 1 digit(s), at least 1 lower case letter(s), at least 1 upper case letter(s)*