**Agile Spirit Ltd.**  
Shahar: 972 (50) 5205034

Mail: shahar@agile-spirit.com

Fax: 972 (77) 4704239

1, Shenkar St. Hertzelia-Pituach

4672501, Israel

**Certified Scrum Master Registration Form**

Please register the following persons to our 2 days **Certified Scrum Master** course.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Full Name** | **Company** | **Position** | **E-mail** | **Phone** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |

I hereby commit to paying the price of the course:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **#** | **Item** | **#Participants** | **Cost** | **Mark √ for confirmation** | **Total (before VAT)** |
| 1 | CSM Course | Early Registration | **3780 ILS** (10% discount) (Till 3 weeks before the course date) |  |  |
| 2 | 1 Participant | 4200 ILS |  |  |
| 3 | 2 Participants or more | 5% discount  (can be additional to **early registration** discount) |  |  |
| 4 | Self Employed | 10% discount  (can be additional to **early registration** discount) |  |  |
| 5 | **30% discount prior to reserving our "Mentoring Service" (minimum 20 days)** | | |  |  |

General Terms and conditions:

* All prices do not include VAT
* Price includes Scrum Alliance Certification
* High level hospitality, rich lunch, desserts & beverages during the course will be served
* The course will not open should sufficient number of participants is not reached
* Registration is performed on a first served basis
* Signing this form confirms that I have read the syllabus of the course and that it meets the prerequisites and that the course meets my needs
* Payment will be done up to 7 days before the course. Cancelation 7 days or less before the course will not be refunded
* Agile Spirit reserves the right to cancel the course up to 48 hours before scheduled time.

Sincerely,

Company Name (+ stamp): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name + Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_