
# Certificate Information

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Delivery

Address:

 *Street Address Apartment/Unit #*

 *City State ZIP Code*

Phone: Email

*(Course Materials and Soft copy of the certificate will be sent to the above email address)*

# IT Set-up

I confirm that I have the below IT set-up for attending the online course from [confirm course date]

|  |  |
| --- | --- |
| **IT Device** *(Please specify)*  |  |
| Desktop \_\_\_\_\_\_\_\_\_\_ (Yes / NO) **Internet**  | Laptop \_\_\_\_\_\_\_\_\_ (Yes / NO)  |
| Wired \_\_\_\_\_\_\_\_\_\_ (Yes / NO)  | Wireless \_\_\_\_\_\_\_\_\_\_ (Yes / NO)  |

*(preferred connection)*

Minimum Internet Speed - 10 MBPS \_\_\_\_\_\_\_\_\_\_ (Yes / NO)

**A/V Accessories**

Webcam\_\_\_\_\_\_\_\_\_\_\_\_\_ (Yes / NO)

Headphone \_\_\_\_\_\_\_\_\_\_ (Yes / NO)

Would you like to have a test run? \_\_\_\_\_\_\_\_\_\_ (Yes / NO)

If yes, please specify your preferred date and time from the below \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Disclaimer and Signature

*I certify that the information above is correct and complete to the best of my knowledge.*

*Furthermore, the zoom sessions shall not be recorded or reproduced and/or distributed for any purpose.*

Signature: Date: