



Prog. Name: **Professional Certificate in Sustainable Community Development**

Date: **July 2019 - February 2020**

Contact: **Gabrielle Ghany (115)**

Contact Number: **645-6700 | 658- 2817 (Fax)**

SECTION 1: PERSONAL DATA

Name:(Surname)		First Name	Other
Date of Birth:(Day)	(Month)	(Year)	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Vehicle Reg #			
Job Title:			
Organisation:			
Work Address:			
Home Address:			
Work #:	Cell #	E-mail:	
Contact Person in the Event of an Emergency (ICE)	I.C.E. #	I.C.E. Name:	

SECTION 2: DIETARY RESTRICTIONS

Please choose one (1) of the following:

Chicken Fish Vegetarian

I am allergic to :

SECTION 3: WITHDRAWAL POLICY

Any participant withdrawing from a programme two (2) working days before its commencement will incur an administrative charge of 50% of programme fees. If a participant withdraws during the course of the programme, he/she will still be liable for 100% of programme fees. Cancellations from this programme must be communicated to the coordinators via emails.

I hereby certify that all statements on this registration form are true and correct.

..... Participants Signature Print Name COMPANY STAMP/AUTHORISATION
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SECTION 4: PAYMENT DETAILS

Payment Options: Linx, Certified Cheques and Company Cheques

Invoicing Details (please fill out if Company is paying)

Company:

Address:

Contact Person **Designation**

Tel: **Email:**

Note: Payments are to be made at least Five (5) working days in advance of Workshop