



EDUCATING PROFESSIONALS FOR A SAFER REGION

REGISTRATION FORM

Kindly note that the options marked with an asterisk (*) are not mandatory.

Course _____

Course Schedule Daytime Evenings Saturdays

Salutation ____ **First Name** _____ **Surname** _____

Gender Male Female **Date of Birth** ___/___/____ (mm/dd/yyyy)

Address

Business Number* _____ **Mobile Number** _____

Email Address _____

Company* _____

Company Address*

Job Title* _____

Industry _____

Meal Preference Chicken Fish Vegetarian

How did you find out about us?

Newspapers Television Radio Website Facebook/LinkedIn Other

Would you like to receive updates on upcoming courses? Yes No

Payment Method Cash Lynx Cheque Credit Card