

Registration Form

TERM: _____ YEAR: _____

SEMINAR TITLE: _____

CODE: **SEM**DATE(S): **D** _____ **M** _____ **Y** _____ TIME: _____

NAME: (Mr / Mrs / Ms) (BLOCK CAPITALS)	(First Name)	(Middle Initial)	(Last Name)
MAIDEN NAME:			

NATIONALITY: _____

NRN:

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DATE OF BIRTH: **Y** _____ **M** _____ **D** _____HOME ADDRESS: _____

TELEPHONE #: _____ MOBILE #: _____

EMAIL ADDRESS: _____

Educational Background MUST be completed if this is your FIRST course at BIMAP

EDUCATIONAL BACKGROUND (Schools, Colleges, etc.)

SECONDARY: ➡

TERTIARY: ➡

CERTIFICATES/DIPLOMAS: ➡

NUMBERS 1 TO 6 MUST BE COMPLETED FOR 's DATABASE

1 **COMPANY'S NAME** (HERE) ➔

2 ADDRESS:

3 PBX #:

EXT(s):

DIRECT LINE:

4 EMAIL ADDRESS:

5 JOB TITLE:

6 MOST RECENT BIMAP COURSE/SEMINAR:

NAME & TITLE OF CONTACT PERSON (if sponsored)	
NAME:	TITLE:

FOR BCMS, BDMS, BBA AND UniS STUDENTS ONLY !

WHICH PROGRAMME OF STUDY ARE YOU CURRENTLY PURSUING? (✓) tick the appropriate box

1-YEAR CERTIFICATE IN MANAGEMENT STUDIES (BCMS) <input type="checkbox"/>	2½-YEAR DIPLOMA IN MANAGEMENT STUDIES (BDMS) <input type="checkbox"/>	BACHELOR OF BUS. ADMINISTRATION (BBA) <input type="checkbox"/>	UNIVERSITY OF SURREY (MSc) DEGREE (UniS) <input type="checkbox"/>
AREA OF SPECIALIZATION			
_____	_____	_____	_____
(abbreviate specialization)	(abbreviate specialization)	(abbreviate specialization)	(abbreviate specialization)
Is the seminar you are pursuing, related to your programme of study (i.e. BCMS, BDMS, BBA or UniS) ?			YES <input type="checkbox"/> NO <input type="checkbox"/>

SIGNATURE:

DATE: Y _____ M _____ D _____

For Official Use Only !

FEE PAID \$: _____

MEM. FEE CASH

DATE: ____ / ____ / ____

NON-MEM. FEE CHEQUE N°: _____

OFFICIAL RECEIPT N°: _____

SIGNATURE: _____