

TERM _____ YEAR _____

SEMINAR TITLE: _____

DATE(S): _____ TIME: _____ to _____

SEMINAR CODE: _____

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

NATIONALITY: _____

I.D #:

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DATE OF BIRTH: Y _____ M _____ D _____

HOME ADDRESS: _____

TELEPHONE #: _____ MOBILE #: _____

EMAIL ADDRESS: _____

NUMBERS 1 TO 3 MUST BE COMPLETED IF THIS IS YOUR FIRST SEMINAR AT BIMAP**EDUCATIONAL BACKGROUND**

(Schools, Colleges, etc.)

- 1 SECONDARY:** →
- 2 TERTIARY:** →
- 3 CERTIFICATES/DIPLOMAS:** →

NUMBERS 4 TO 11 MUST BE COMPLETED WHETHER SPONSORED OR NOT SPONSORED

4 **COMPANY'S NAME:** _____

5 **ADDRESS:** _____

6 _____

7 _____

8 **TELEPHONE #:** _____ **EXT(s):** _____ **DIRECT LINE:** _____

9 **EMAIL ADDRESS:** _____

10 **JOB TITLE:** _____

11 **MOST RECENT BIMAP COURSE/SEMINAR:** _____

NAME & TITLE OF CONTACT PERSON (IF SPONSORED)

NAME:

TITLE:

FOR BCMS, BDMS, BBA AND UniS STUENTS ONLY !

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

**1-YEAR CERTIFICATE
(BCMS)**

- Mgt. of Human Resources
- Accounting/Finance
- Production & Op. Mgt.
- MIT.....
- Marketing Mgt.
- General Mgt.
- Tourism Mgt.
- Supervisory Mgt.....

**2½-YEAR DIPLOMA
(BDMS)**

- Personnel/HR Mgt.
- Financial Management
- Production & Op. Mgt.
- MIT.....
- Marketing Mgt.
- Administrative Mgt.
- Tourism Mgt.
- Public Sector Mgt.

**BACHELORS
(BBA)**

- Accounting/Finance
- Human Resources
- Marketing
- Entrepreneurship
- Health Care Management
- Production & Op. Mgt.

**SURREY UNIVERSITY
(MSc – HRM)**

- C.I.P.D. Certification

IS THIS SEMINAR YOU ARE PURSUING, THIS TERM, RELATED TO YOUR PROGRAMME OF STUDY?
(i.e. BCMS, BDMS, BBA or UniS) ?



YES

NO

SIGNATURE: _____ **DATE:** Y _____ M _____ D _____

For Official Use Only !

FEE PAID \$:

MEMBER FEE

CASH

DATE:

NON-MEMBER FEE

CHEQUE N^o :

OFFICIAL RECEIPT N^o :

SIGNATURE: