



Registration Form

TERM _____ **YEAR** _____

COURSE TITLE: _____

DAYS: _____ **&** _____ **TIME:** _____ **to** _____

COURSE 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 COURSE AT BIMAP

EDUCATIONAL BACKGROUND

(Schools, Colleges, etc.)

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

SHADED



AREAS (4 TO 11) MUST BE COMPLETED

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 AND BBA STUDENTS ONLY !

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

1-YEAR CERT. MGT. STUDIES (BCMS)

- Management of Human Resources
- Accounting/Finance
- Production & Operations Management .
- MIT.....
- Marketing Management
- General Management
- Tourism Management
- Supervisory Management

2½-YEAR DIP. MGT. STUDIES (BDMS)

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

BACHELOR OF BUS. ADMIN. (BBA)

- Accounting and Finance
- Human Resources
- Marketing

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

YES

NO

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

For Official Use Only !

FEE PAID \$:

MEMBER FEE

CASH

DATE:

NON-MEMBER FEE

CHEQUE

Nº :

OFFICIAL RECEIPT Nº :

SIGNATURE: