

## STUDENT REGISTRATION FORM



### SECTION 1: PERSONAL INFORMATION

Name: Surname .....	First Name .....	Other .....
Date of Birth: Day .....	Month .....	Year ..... Sex: M F
Home Address: .....		
Home Tel : .....		Mobile : .....
Email : .....	ID/DP/PP .....	Vehicle # .....
Do you have a disability? (required information if special facilities required)		Y N
If yes, please specify		

### SECTION 2 : PROFESSIONAL INFORMATION

Company : .....
Job Title : .....
Work Address : .....
Work Tel : ..... Fax : .....
Email : .....

### SECTION 3: QUALIFICATIONS (please refer to Entry Requirement)

Certification	Institution	Date Awarded

### Professional Experience in Events Management

Do you have any previous experience in Events Management	Yes	No
If Yes please specify .....		
.....		

_____	_____
Student Signature	DATE