

Prog Name: _____

Dates : _____

Contacts: Fax # 662-1411

Ph # 645-6700 x 131, 136(Shadeed / Indira)

Registration Form

SECTION 1 - Personal Data

Name: Surname _____			First Name _____			Other _____		
Date of Birth _____ / _____ / _____			DD MM YR			M <input type="checkbox"/> Sex F <input type="checkbox"/>		
Job Title: _____								
Organization: _____								
Address: _____								
Work Tel: _____			Home Tel: _____			Mobile Tel: _____		
Fax: _____			E-mail: _____					

SECTION 2 - Dietary Preference

MEAL PREFERENCE			
Please choose one (1) of the following			
<input type="checkbox"/> Chicken	<input type="checkbox"/> Fish	<input type="checkbox"/> Vegetarian	
Please list any allergies: _____			

SECTION 3 - Payment Details

Payment Options: Linx, Certified Cheques and Company Cheques	
Make cheques payable to: Arthur Lok Jack Graduate School of Business	
Please provide details below for invoicing	
Name: _____	Designation: _____
Company: _____	
Address: _____	
Tel: _____	Fax: _____
E-Mail _____	
Note: All payments to be made five (5) days in advance; Registration is ONLY confirmed upon receipt of this form.	

SECTION 4 - Terms & Conditions

Refunds will be issued under the following conditions:		
- 5 days prior to start date - 100%		
- 4 days or less prior to start date - 50%		
- Fees are non-refundable once course has started		
Arthur Lok Jack Graduate School of Business reserves the right to cancel/postpone courses. Registrants will be advised accordingly.		
I hereby certify that all statements on this registration form are true and correct and agree to the terms & conditions		
_____	_____	_____
Print Name	Signature	COMPANY STAMP/AUTHORIZATION