

REGISTRATION FORM

WEBINAR/ONLINE COURSE NAME: _____

SURNAME: _____

FIRST NAME: _____

Gender : [f] [m] DATE OF BIRTH: /

E-mail: _____

Cell Number: _____

COUNTRY: _____

KNOWLEDGE OF COURSE LANGUAGE (tick):

FAIR GOOD VERY GOOD

EDUCATION: _____

EMPLOYER: _____

POSITION: _____

DESCRIPTION OF DUTIES AND RESPONSIBILITIES:

SHORT AUTOBIOGRAPHY:

WEBINAR/ONLINE COURSE EXPECTATIONS:
