



2020 Course / Workshop
REGISTRATION FORM

COURSE YOU ARE ATTENDING: _____

DATE OF COURSE: _____

FULL NAMES & SURNAME _____

ID OR PASSPORT NUMBER _____

RESIDENTIAL ADDRESS _____

POSTAL ADDRESS _____

CELL PHONE NUMBER _____

EMAIL ADDRESS _____

OCCUPTATION _____

MARITAL STATUS _____

HAVE YOU EVER HAD A CRIMINAL RECORD _____

SPECIAL MEAL REQUIREMENTS e.g. Vegetarian _____

METHOD OF PAYMENT _____

PAYMENT PLAN _____

I hereby declare that the above information is bonafide and may be reflected on the records of The
GMTI

Signed at _____ on the _____ 2019 / 2020