



**CIFA Workshop – Registration Form**

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| --- | --- | --- | --- | --- |
| **Name :** | | | | |
| **Address & Country:** |  | | | |
|  |  |  | | |
| **Telephone:** |  | **Cell:** |  | |
| **Email Address:** |  |  | |  |

|  |  |
| --- | --- |
| **Job Title:** |  |
| **Name of Employer:** |  |
| **Emergency Contact No.:** |  |

**FEE PAYMENTS**



**FEE PAYMENT OPTIONS**

|  |  |
| --- | --- |
| **Wire Transfer** |  |
| **Certified Cheque** |  |

**Please complete the Registration Form by signing below:**

|  |  |
| --- | --- |
| **Signature:** | **Date:** |

**FOR OFFICIAL USE ONLY**

|  |  |
| --- | --- |
| **Received By:** | **Date:** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Payment Received | **Yes** |  | **No** |  |

***Please visit*** [***www.cifaedu.com***](http://www.cifaedu.com) ***for updates.***

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