

**CIFA Workshop – Registration Form**

|  |
| --- |
| **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.***

Email: info@cifaedu.com

Tel: (868) 724-9524 Fax: (868) 628-0847