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| **Registration form:** | | | | | | | | | **Allocation**  (for office use!) | | | |  | |
|  | | | | | | | | | **Student no.**  (for office use!) | | | |  | |
| **Personal details** | | | | | | | | | | | | | | |
| Title | Mr | |  | Ms | |  | | Dr. | |  | Other | | |  |
| First name(s) |  | | | | | | Surname | | | | |  | | |
| ID or passport no. | (Attach ID or Passport copy) | | | | | | Cell no. | | | | |  | | |
| Sex | F |  | | M |  | | Highest qualification | | | | |  | | |
| Town |  | | | | | | Nationality | | | | |  | | |
| Email address |  | | | | | | Postal address | | | | |  | | |

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| **Workplace data** | | | |
| Employer |  | | |
| Position |  | Department |  |
| Tel.(w) |  | Fax(w) |  |

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| **Course details** | | | | | |
| Course name |  | | | Starting date |  |
| Amount payable |  | | | Receipt no.  (for office use!) |  |
| Dietary Requirements | *Vegetarian* | *Diabetic* | *Allergies* | Disability |  |

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|  | | **How did you find out about the course?** | | | | | |
| Newspaper  (please specify) |  | | Radio  (please specify) |  | Facebook | Google | Friends |

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| **Banking details** |
| **First National Bank**, Windhoek, NAMIBIA; Name of account: **Polytechnic of Namibia - CED**; Account number: **62241609257**; Branch code**: 281872**; Account type: **Call Account.**  Other  (pleasespecify) |

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| **Conditions** | |
| Payment | Full payment on registration of course. The organisers have the right to refuse admission where evidence of payment cannot be shown or proper arrangements were not made. |
| Cancellations | Any cancellations must be received in writing, no later than 5 working days prior to the start date. A 10% penalty will be payable on cancellation of participation. Cancellations received less than 5 days prior to course date will be subject to full payment. Prices are based on a minimum of 10 participants per course. ***Note: When the minimum number of participants (10) is not met, CED reserves the right to postpone with 5-calendar days’ notice.*** Contact person: Francina Kashaka, e-mail: [fkashaka@nust.na](mailto:fkashaka@nust.na) , Tel:+264-61-207-2236, Fax:+264-61-207-9236 |

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| **I agree to CED using my personal data strictly for administrative purposes and services provided by the Centre.** | | | |
| Signature |  | Date |  |