CCMESD
Canadian Centre of Management, Economics and Sustainable Development

REGISTRATION FORM

TRAINING: ……...

PERSONAL INFORMATION

First Name: ……Last Name: ……Gender: …….

Address: ……

Phone: …… Fax: …… Email: ……

Nationality: ……

Date of Birth: ……..

Profession: ……

Employer: ……

Rank: ……

Position: ……

EDUCATION LEVEL

☐ High School Diploma (BAC). ☐ Bachelor's Degree (BAC + 3). ☐ Master's Degree (BAC + 5).
☐ Beyond

YOUR FUNDING SPONSOR

Institution: ……

Contact Name: ……

Position: ……

Mailing Address: ……

Phone: …… Email: ……

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Company Number: 1661606-2 – Business Number: 791258767RC0001
Email: info@ccmesd.ca | Website: www.ccmesd.ca

COMMITMENT TO COVER COSTS

- Organization: ……
- Address: ……
- Fax: …… Phone: …… Email: ……
- Payment Method: ……
- Name / Title of Responsible Person: ……

We will pay by (payment method):
☐ Bank Transfer
☐ Check
☐ Cash
☐ Other: Specify _____

Name & Signature