



# KUMASI TECHNICAL UNIVERSITY (BUSINESS DEVELOPMENT UNIT)

## REGISTRATION FORM

### SHORT COURSES PROGRAMME

#### PERSONAL DETAILS

Title (Mr/Ms/Mrs/Dr/Prof): \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Nationality: \_\_\_\_\_ Position: \_\_\_\_\_

Full Company/Organisation Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

#### REGISTRATION INFORMATION

Please select the type of registration you would like to pay for:

- Full Course Registration - Non student individual;
- Full Course Registration - Corporate (Group 5 or more)
- Full Course Registration - Student

Write the Course (s) Title (s) and Code (s) here:

<u>Course Title</u>	<u>Code</u>
1.....	.....
2.....	.....
3.....	.....
4.....	.....
5.....	.....

#### CORPORATE CLIENT

Please tick the box if you have been selected by your company or in a group of 5 or more.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

- Δ Make full payment of the course you intend to do at the Cash Office, Block A, Ground Floor
- Δ Note that the course/workshop will be run for a minimum number of 10 participants. Participants will be contacted and monies refunded in FULL if the minimum number is not reached.

Please return the completed registration form (not later than 1 week before start of course) with evidence of payment to: Business Development Unit (Room 409, 4<sup>th</sup> Floor - Administration Block)