
Registration Form

Title **Name** **Middle-Name** **Surname**

Job Title: _____

Company/Organisation: _____

Main Job Responsibilities: _____

Mailing Address (Business): _____

City **Zip Code** **Country**

Phone (Business): _____ **Home Phone:** _____

Fax (Business): _____ **Mobile:** _____

E-mail(s): _____

Skills and Education

Highest level of Education: _____

Institution: _____

Fluent in English Yes No

Computer Literate Yes No

How did you learn About the Programme?

● **Direct contact from AFH:** Phone call Post E-mail Fax

● **Through:** Websites Employer Other **Name:** _____

(Please complete and stamp the enclosed Sponsorship Guarantee of Payment form)