

PM4SD® Training Course Registration Form

Session
City Country Dates

1. Candidate details

First name

Last name

Title

Organisation

Position

Gender Female Male

2. Contact details

Home address

Postcode

City Country

Telephone number Mobile number

Fax number

E-mail

Website

3. Billing details

Billing address
if different from home address

Postcode

City

Country

VAT number
if different applicable

4. Dietary and mobility requirements

Are you vegetarian or
do you have other
dietary requirements?

Mobility, accessibility or
other special
requirements *(please
specify any special needs you
may have)*

5. Registering for

Training course

Exam

Training course + exam

Please, attach your CV for assessment

Signature _____

Date _____

Compilare e inviare a: v.desomma@fasi.biz oppure inviare un Fax 06-85305358

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