

WORKSHOP APPLICATION FORM

WORKSHOP DETAILS

TITLE OF WORKSHOP: _____
DATE OF WORKSHOP: _____
LOCATION: _____

APPLICANT DETAILS

Title: _____ Surname: _____ First Name: _____
Address: _____
Email: _____
Phone - Home: _____ Mobile: _____ Work: _____
Gender: Male Female
Profession: _____
Name of Employer: _____
Address of Employer: _____

DIETARY REQUIREMENTS

Please tick your preference for the workshop:

Vegan (no milk and fish)
Vegetarian (milk and fish)
Non Vegetarian (milk and chicken)

PAYMENT DETAILS

I will be paying by: Cash Cheque Debit Card Credit Card

TOTAL COST OF WORKSHOP: TT\$ _____

I _____ hereby certify that full liability is accepted for the cost of the workshop should any cheque payment be invalid.

MARKETING DATA

How did you learn about this workshop?

<input type="checkbox"/> Colleague/Work	<input type="checkbox"/> Radio	NEWSPAPER:	SOCIAL MEDIA:
<input type="checkbox"/> Former/Current Student of COSTAATT	<input type="checkbox"/> COSTAATT Website	<input type="checkbox"/> Guardian	<input type="checkbox"/> Facebook
<input type="checkbox"/> Mobile Mic/Mobile Loudspeaker Broadcast	<input type="checkbox"/> Television	<input type="checkbox"/> Newsday	<input type="checkbox"/> Twitter
		<input type="checkbox"/> Express	<input type="checkbox"/> Flickr

If other please specify: _____

PLEASE ENSURE THAT YOU COMPLETE YOUR APPLICATION FORM BY SIGNING BELOW AND RETURNING TO THE SCHOOL OF CONTINUING EDUCATION AND LIFELONG LEARNING OR IT'S DESIGNATE AT THE NEAREST CAMPUS

1. **Registration is only confirmed** upon receipt of this form by the College **within seven (7) working days of the workshop**
2. By signing this application form, registrants acknowledge that registration fees are **NOT REFUNDABLE** if **cancellation is made within seven (7) working days of the workshop**
3. In cases where registrants neither cancel nor attend this event, please note that there is **NO ENTITLEMENT** under any circumstances.

Signature of Applicant: _____

Date: _____