



Registration Form

Student Information

Name	Address
Male / Female	Postcode & City
Nationality	Private Tel. / Mobile
Date of Birth and Place	Business Tel.
Job function	Email

Employer Information (if applicable)

Company	Contact Person
Address	Department
Postcode & City	Telephone
Email	Fax

Course Information

Language	Type of course: <ul style="list-style-type: none"> • Intensive • Semi-intensive • Group • Private • Semi-private • In company
Length of course	
Start Date	
Location & time	
Additional Comments	

Place and date:

Signature Student:

Signature Student's Employer:
(if the course is to be paid by student's employer)

Our general terms and conditions are applicable. Signing this registration form means the undersigned have received and accepted those terms, as well as the payment terms as outlined in the fee schedule of PCI.

PCI © All rights reserved 2012