

## Course Application Form – Group Registration

*(Please refer to “Application Guidelines” on the payment page of our website before completing this form)*

1. We wish to register the participants below for the following course/s (please list the desired courses below):

No	Course Date/s	Course Title	No of Pax	Fees
<b>Total Fees (USD)</b>				

**Note 1:** For payment procedures and registrations, please refer to the guidelines/procedures on the payment page of our website.

Note 2: Payment Method – Please indicate which payment method was used.    **1. TELEGRAPHIC TRANSFER**

**Note 3: Discounts:** Group Discount: **10%** per person for groups of **3 or more** persons from the [same organization](#) (proof required)

2. Funding Source (tick as appropriate):    Government Sponsored     Donor – Sponsored     Own Expense

3. If sponsored, name of sponsoring agency: \_\_\_\_\_

4. Participants' Details:

**PARTICIPANT 1:**

Applicant's Full Name (as in passport): First Name: \_\_\_\_\_ Last Name \_\_\_\_\_

Organization: \_\_\_\_\_

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

Primary Email: \_\_\_\_\_ Alternate E-Mail Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**PARTICIPANT 2:**

Applicant's Full Name (as in passport): First Name: \_\_\_\_\_ Last Name \_\_\_\_\_

Organization: \_\_\_\_\_

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

Primary Email: \_\_\_\_\_ Alternate E-Mail Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**PARTICIPANT 3:**

Applicant's Full Name (as in passport): First Name: \_\_\_\_\_ Last Name \_\_\_\_\_

Organization: \_\_\_\_\_

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

Primary Email: \_\_\_\_\_ Alternate E-Mail Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**PARTICIPANT 4:**

Applicant's Full Name (as in passport): First Name: \_\_\_\_\_ Last Name \_\_\_\_\_

Organization: \_\_\_\_\_

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

Primary Email: \_\_\_\_\_ Alternate E-Mail Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**PARTICIPANT 5:**

Applicant's Full Name (as in passport): First Name: \_\_\_\_\_ Last Name \_\_\_\_\_

Organization: \_\_\_\_\_

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

Primary Email: \_\_\_\_\_ Alternate E-Mail Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**PARTICIPANT 6:**

Applicant's Full Name (as in passport): First Name: \_\_\_\_\_ Last Name \_\_\_\_\_

Organization: \_\_\_\_\_

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

Primary Email: \_\_\_\_\_ Alternate E-Mail Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Note: \* You must have a valid email address for communication and registration confirmation)

5. Confirmation: I hereby certify that the information given above is true to the best of my knowledge. I hereby also confirm that all participants listed above have obtained the relevant approval from agency/organization to attend the above course/s.

Name of Authorized Representative	Signature	Name of Approving Officer	Signature	Date



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