

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
<input type="checkbox"/>				
Total Fees (USD)				

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.

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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