



DEPT. OF ADULT AND CONTINUING EDUCATION DEPT.

PROJECT MANAGEMENT PROFESSIONAL (PMP) EXAM PREPARATION

WORKSHOP TRAINING REGISTRATION FORM (Intake)

(for office use)

REGISTRATION DETAILS

PMZ membership No.....

Names of Candidate

(In full as you would like it to appear on the Certificate)

1. I.D Number

2. Name of Organization/ Employer

3. Postal Address

4. Tel/Cell Number

5. Email

6. Initial Amount Paid (\$) Receipt No Balance

7. Job title

8. Briefly state your job description
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9. Briefly outline your training expectations (what you hope to learn from this course)

I hereby undertake to attend the training in full and abide by the given terms and conditions and will not hold PMIZ liable for any failures to continue or complete the training caused by myself after registration.

Signature..... Date (PLEASE ATTACH CV, ID & Copies of certificates)