



Project Management Zimbabwe

The Centre for Project Management excellence!

DEPT. OF ADULT AND CONTINUING EDUCATION DEPT.

PRINCE2 FOUNDATION & PRACTITIONER COURSE

COURSE REGISTRATION FORM (Intake) PMZ Membership No.....

(For office use, leave blank if without PMZ membership no.)

REGISTRATION DETAILS

Names of Participant

(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 Numbers
5. Email Address
6. Initial Amount Paid US\$..... Receipt No..... Balance US\$.....
7. Job title
8. Briefly state your Job Description
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)