

PM4SD® Training Course Registration Form

Session

City

Country

Dates

1. Candidate details

First name

Last name

Title

Organisation

Position

Gender

Female

☐

Male

☐

2. Contact details

Home address

Postcode

City

Country

Telephone number

Mobile number

Fax number

E-mail

Website

www.jlageurope.com

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3. Billing details

Billing address

if different from home address

Postcode

City

Country

VAT number

if different applicable

4. Dietary and mobility requirements

Are you vegetarian or
do you have other
dietary requirements?

Mobility, accessibility or
other special
requirements *(please
specify any special needs you
may have)*

5. Registering for

Training course

☐

Exam

☐

Training course + exam

☐

Please, attach your CV for assessment

Signature

Date
