

Executive Programme Application Form

Please insert Course Title: “.....”

(This form may be photocopied)

Surname/Family Name:

First/Given Names:

Title: Mr / Mrs / Ms / Miss / Dr / Other (specify):

Date of Birth (DD/MM/YY): **Sex (tick) Male** **Female**

Correspondence Address

 Postcode Country.....
 Tel:..... Fax:..... E-mail:.....

Employment Details:
 Name of Employer:.....
 Address of Employer:.....
 Postcode Country.....
 Tel:..... Fax:..... E-mail:.....
 Position Held:.....

If sponsored by employer, and different to above, please indicate contact details:
 Name of Contact:..... Position of Contact:.....
 Tel:..... Fax:..... Email

How did you hear about this conference?

Amount enclosed with this form: £

Cheques should be made payable to the **“Trans-Atlantic College Ltd”**

Conditions of Enrolment and Payment

1. Enrolment is not complete until payment has been made.
2. **By signing this form** I accept the conditions of enrolment.

Signature of Applicant: **Date:**

<p>Completed Application forms should be forwarded to:</p>	<p>Trans-Atlantic College 3-5 Globe Road, London E1 4DT, UK Tel: +44 (0)20 7791 7566/7909 Fax: +44 (0)20 7791 0367/0848 E-mail: registrar@transatlanticcollege.co.uk Website: www.transatlanticcollege.co.uk</p>
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