**Registration Form**

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| **Personal Data** |
| Full Name: | Male: [ ]  Female: [ ]   |
| Home Phone: | Email address:  |
| Mobile Phone: | Date of Birth:  |
| Citizenship: |  |
| **Courses**  |
| **The course name, exact dates and designated department are essential for processing your registration form;** |
|  |
| **Educational Background** |
| **Please list all educational institutions attended or currently attending:** |
| Name: | City/Country: | Entry Date: | Graduation Date: |  | Degree Earned: |
| **1.**  |  |  |  |  |
| **2.**  |  |  |  |  |
| **Work Experience** |
| **Please list any jobs that you have held in the past, including summer employment:** |
| *Position* | *Employer* | *City* | *Dates* |
| **1.**  |  |  |  |
| **2.**  |  |  |  |
|  |
| **Please describe how taking the Course/Workshop will help you to achieve your academic/career goals. (min. 100 words)** |
|  |
| **Please state any relevant knowledge and/or training skills that you have undertaken pertinent to this workshop/ course.**  |
|  |
| **Please specify how did you hear about this workshop/course?** |
|  |
| **Certification** |
| I certify that the information in this form is accurate to the best of my knowledge:Printed Name: Date:  |
| **For Registration** |
| Please fill out your registration information and send it to cdsps@bibalex.org no later than the 15th of July 2016. Any registration forms sent after the above mentioned date will not be considered. For more information and in case you have any inquiries please contact us via email on cdsps@bibalex.org  |