



SAI INFO-TECH

16, Albert Street, Belize City Ph: 227-1323

Website: www.saiinfotech.net Email: info.saiinfotechbz@gmail.com

Registration Form

Personal Details:		
Title:	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Dr.
First Name:	Last Name:	
Date of Birth (<i>dd/mm/yyyy</i>):	/	/
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Employed at:		
Department:	Position:	
Address:		
Telephone: (Office)	(Cell No)	
Email:		
Course Information:		
Course Presently Attending:		
Date of Course (<i>dd/mm/yyyy</i>):	/	/
Course Interested In:		
How Did You Know About Us:		
<input type="checkbox"/> Newspaper <input type="checkbox"/> TV <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Flyer <input type="checkbox"/> Other (<i>specify</i>)		
Education		
Recent Education:	School:	Year:
Declaration and Signature		
I declare the information that will be supplied in this application and the documentation supporting it will be correct and complete. I authorize SAI Info-Tech to send me announcements via e-mail, phone, or otherwise, about SAI Info-Tech programs, services and offers.		
Signature:	Date:	/ / (<i>dd/mm/yyyy</i>)
Note: SAI Info-Tech reserves the right to change the schedule and fees anytime, without prior notice.		