

# COURSE REGISTRATION FORM



Please complete in BLOCK CAPITALS. Please photocopy if you wish to register more than one delegate.

**Course Title:** ..... **Dates:** .....

**Family Name:** ..... **Job Title:** .....

**Given Name:** ..... **Tel No:** .....

**Organisation:** ..... **Fax No:** .....

**Address:** .....

.....

.....

**E-mail:** .....

**Special Requirements, eg Diet:** .....

**Previous Security Courses Attended:** .....

**Address for Joining Instructions:** These will be sent to the email address above, unless specified otherwise:

.....

.....

**Name and Address for Invoice:** .....

.....

I wish to pay by the following method: **(please refer to clause 3 of our Terms and Conditions)**

Cheque/bankers draft       Electronic transfer       Visa       Mastercard

Card No: ..... Date of expiry: .....

Name of cardholder: ..... Signature of cardholder: .....

Address of cardholder if different from above: .....

.....

I have read and understood the course description and terms & conditions of booking.

**Signature:** ..... **Date:** .....

**Name:** ..... **Position:** .....



Cardinal Security Services Limited, 149 Herbert Macaulay Road, Opposite Texaco Filling Station, Adekunle B/stop, Sabo – Yaba, Lagos State, Nigeria.