

G.I.S Workshop MAPPING AND SPATIAL ANALYSIS

Registration Form

A: Delegate Details

GIS Fundamentals / Advanced GIS / Web Mapping/ Mobile Mapping

Eirst Namas:	Surnar	no:	
First Names:			
Organization / Company:			
Designation:			
Postal address:	Coun	try:	
Email Address:			
Telephone Number:	e delegate at a del e	egate fee (tick below)	
Please Invoice the Above	Organization		
Cash Payment	Cheque Paym	ent Wire	Transfer Payment
Payment Payable to: The E-Enhan	ncement Center befo	re the commencement	t of the course
C: Conditions for Registration			
Kindly complete the form in full, s	d send it back to: Ste Ema	•	ent.com
D: Cancellation Policy			
Registration cancellation must be Center 10 days before the commattract a penalty equal to 50% o Workshop will be charged the full of	mencement of the of the Registration fe	course. Cancellation ee and any cancellati	after 5 days will
AUTHORISATION: TH	nis booking is in	valid without a sig	ınature
Signatory must be author	ized to sign on behalf	of the contracting orgar	nization
Name:	Signaturo	. Duck	oor Stamp