



## REGISTRATION FORM

### ICMA PRE-FOUNDATION CERTIFICATE PROGRAMME 2007

This information is necessary for administrative purposes and must absolutely be supplied. If not, IFBL reserves the right to refuse the application. This information will be data processed.

#### PARTICIPANT

Name:	First name:
Date of birth:	Gender:
Place of birth:	Country:
Private address:	
P.C.:	City:
	Country:
Tel. (office):	Fax:
E-mail:	
Tel. (private):	Fax:
E-mail:	
Registration number with the company (if any):	
Professional address [+ internal localization (if any)]:	
Department:	

#### REGISTRATION

ON A PROFESSIONAL BASIS

i.e. the employer is liable for the training cost.  
Please fill out the column "Employer" hereunder.

ON A PRIVATE BASIS

i.e. the candidate him-/herself is liable for the training cost and  
the invoice will be sent to his/her home address.

#### EMPLOYER

Name:	Contact person:
Tel. (with extension):	Fax:
E-mail:	
Address, str. or P.O.B.:	P.C.:
City:	Country:

Conditions for cancellation: requests for cancellation have to be submitted in writing at least 5 working days before the beginning of the seminar, otherwise the full fee will be charged.

Date	Signature
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To be returned to: IFBL, 7, rue Alcide de Gasperi, L-1615 Luxembourg, fax: 46 50 19 / e-mail: customer@ifbl.lu