

Please send us back this registration form by Email at [training@transition-se.com](mailto:training@transition-se.com).

Registration Date .../.../2019

Course: **Certified Business Analysis Professional (8 days) (35 Hours)**

Dates: **March 02<sup>nd</sup> – March 9<sup>th</sup>, 2019**

City: **Amman – Jordan**

	Unit Price	Quantity	Total
<b>CBAP (8 days)</b>	780 JOD		

### REGISTRATION COMPANY DETAILS

Company name: .....

P.O Box: .....City: ..... Country: .....

Number of employees: .....Industry: .....

Contact for registration: .....Email: .....

### REGISTRATION

First Name	Last Name	Title	Information
			Mobile number: E-mail:
			Mobile number: E-mail:
			Mobile number: E-mail:
			Mobile number: E-mail:

### BILLING INFORMATION

Mr.  Ms.  Mrs. First / Last Name of contact at Billing Department .....Title: .....

Telephone: .....Email: .....

P.O Box: .....City: ..... Country: .....

Billing Address: .....

### TERMS AND CONDITIONS

1. Payment terms: 100% of the total fees due upon registration. Only paid registrations are confirmed.
2. If a participant is unable to attend, a substitute delegate will be very welcome. If this is not suitable, 20% of the registration fees will be payable as service charge. Registrations cancelled less than 7 business days before the event must be paid in full. If cancellation is on the part of Transition, a 100% of the registration fees will be returned

**Note: In case of cheque issuance, it should be by our name in Arabic شركة الحافز للاستشارات الإدارية والتقنية**

Date: ...../...../.....
Signature: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>