



# CARIBBEAN POLYTECHNIC INSTITUTE

## Registration Form

From the list of courses below, place a tick to the left of the one for which you will be registering:

- |  |   |
|--|---|
| <input type="checkbox"/> Building Infrastructure and Utilities Maintenance | <input type="checkbox"/> Manager of Quality and Organisational Excellence |
| <input type="checkbox"/> Instructional Design                              | <input type="checkbox"/> Purchasing                                       |
| <input type="checkbox"/> Contract Administration                           | <input type="checkbox"/> Strategic Management                             |
| <input type="checkbox"/> Environmental Management System                   | <input type="checkbox"/> Logistics  |
| <input type="checkbox"/> Food Safety Principles and Practices              | <input type="checkbox"/> Facility Management                              |
| <input type="checkbox"/> Horticulture and Landscape Maintenance            | <input type="checkbox"/> Supply Chain Management                          |
| <input type="checkbox"/> Project Management (PMP)                          | <input type="checkbox"/> Quality Assurance Management                     |
| <input type="checkbox"/> Project Management (CAPM)                         | <input type="checkbox"/> Supervisory Management                           |
| <input type="checkbox"/> Professional in Human Resource (PHR)              | <input type="checkbox"/> Urban Integrated Pest Management                 |
| <input type="checkbox"/> Senior Professional in Human Resource (PHR)       | <input type="checkbox"/> Other _____                                      |

Name of Participant \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone No: \_\_\_\_\_

Education:       Secondary       Tertiary       Other \_\_\_\_\_

Summary of Qualifications

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Company Name \_\_\_\_\_

Job Title \_\_\_\_\_

Years of Experience in Related Activities \_\_\_\_\_

**NOTE:** Before signing this document, please review enrolment and cancellation policies at <http://captech.edu.jm/apply.php>

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

.....  
For Office Use Only

Registration Fee: J\$1000.00    Paid    Date: .....