



CARIBBEAN POLYTECHNIC INSTITUTE

Registration Form

Select your course by placing 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"/> Personal Fitness Trainer |
| <input type="checkbox"/> Contract Administration | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> Logistics | <input type="checkbox"/> Six Sigma |
| <input type="checkbox"/> Painting and Protective Coating | <input type="checkbox"/> Statistical Process Control |
| <input type="checkbox"/> Supply Chain Management | <input type="checkbox"/> Statistical Analysis and Statistical Process Control |
| <input type="checkbox"/> Horticulture and Landscape Maintenance | <input type="checkbox"/> Food Safety Principles and Practices |
| <input type="checkbox"/> Urban Integrated Pest Management | <input type="checkbox"/> Advanced Food Safety: Food Safety Quality Assurance |
| <input type="checkbox"/> Online Course Design | <input type="checkbox"/> HACCP |
| <input type="checkbox"/> Education and Training | <input type="checkbox"/> Occupational Health and Safety |
| <input type="checkbox"/> Understanding Children With Special Needs | |
| <input type="checkbox"/> Teach English as a Foreign Language (TEFL) | |
| <input type="checkbox"/> Financial Accounting | <input type="checkbox"/> ISO _____ |
| <input type="checkbox"/> Project Management (PMP) | |
| <input type="checkbox"/> Project Management (CAPM) | <input type="checkbox"/> Other _____ |

Name of Participant: _____ Date of Birth: _____

Mailing Address: _____ Email: _____

Phone: _____ Mobile: _____

Education: Secondary Tertiary Other _____

Summary of Qualifications

Company Name: _____

Job Title: _____

Years of Experience in Related Activities _____

Participant's Signature: _____ Date: _____

Non-Refundable Registration Fee: J\$2,500.00