SAMPLE OF IATA/UFTAA
REGISTRATION FORM

Form No. _____

Pin Number:_____

REGISTRATION FORM

CAPITALS PLEASE

COURSE TITLE _____

☐ MR. ☐ MRS ☐ MISS:

FRIST NAME

LAST NAME

MAILING ADDRESS

CITY:

COUNTRY:

TELEPHONE:

FAX:

SETTLEMENT OF COURSE FEE

☐ CREDIT CARD ☐ VISA ☐ AMEX ☐ EUROCARD/ MASTER CARD

CARD NO. _____ _____ _____ _____

EXPIRY DATE : _____

○ BANK DRAFT NUMBER : _____

○ BANK TRANSFER (PLEASE ATTACH PHOTOCOPY)

ISSUING BANK : _____ DATE : _____

I HAVE READ AND ACCEPT THE CONDITIONS APPLICABLE TO THE IATA/UFTAA TRAINING COURSE AS DESCRIBED IN THE BROCHURE.

SIGNATURE OF THE STUDENT: _____ DATE _____ (yyyy/mm/dd)

PLEASE SEND YOUR REGISTRATION FORM EITHER BY FAX OR BY MAIL. THIS AVOIDS US RECEIVING DUPLICATES!

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