



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: _____

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For Office Use Only

Registration Fee: J\$1000.00 Paid Date: