

**New Students:** Please complete **ALL** sections.

**Returning Students:** Please complete **ONLY** sections **A, E, F and H** except in cases where there are changes to contact, employer or emergency contact information.

SECTION A: PERSONAL INFORMATION										
STUDENT ID #:					NATIONAL REGISTRATION #:					
NAME: * (Mr./Mrs./Ms./Miss./Other)	(First Name)			(Middle Initial)		(Surname)				
OTHER NAME(S): (If Applicable)	(Maiden Name or Former Surname)									
SECTION B: CONTACT INFORMATION										
HOME ADDRESS: *										
EMAIL ADDRESS: *										
TELEPHONE NOS.: *				(H)			(W)			(C)
DATE OF BIRTH:	yyyy	/	mm	/	dd	GENDER:	<input type="checkbox"/>	MALE	<input type="checkbox"/>	FEMALE
COUNTRY OF BIRTH:					NATIONALITY:					
SECTION C: EMPLOYER INFORMATION										
NAME OF COMPANY/ ORGANIZATION: *										
ADDRESS:										
PRESENT JOB TITLE:										
SECTION D: EMERGENCY CONTACT INFORMATION										
NAME:					RELATIONSHIP:					
CONTACT NOS:				(H)			(W)			(C)
SECTION E: COURSE/SEMINAR INFORMATION										
TERM: *	Please tick (✓) the appropriate box ( <input type="checkbox"/> )							YEAR: *		
	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>			
COURSE/SEMINAR CODE: *										
COURSE/SEMINAR TITLE: *										
DAYS:										
TIME:										

**SECTION F: SPONSOR INFORMATION**

Please tick ( ✓ ) the appropriate box (  )

SELF-SPONSORED	<input type="checkbox"/>	COMPANY SPONSORED	<input type="checkbox"/>
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NAME AND TITLE OF CONTACT PERSON (if sponsored):

Name :	Title:
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**SECTION G: PROGRAMME INFORMATION**

Please tick ( ✓ ) the appropriate box (  )

PROGRAMME OF STUDY:	<input type="checkbox"/> 1-YEAR BCMS	<input type="checkbox"/> 2 ½-YEAR BDMS	<input type="checkbox"/> BBA
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AREA OF SPECIALIZATION:	<input type="checkbox"/> Accounting/Finance	<input type="checkbox"/> Administrative Management	<input type="checkbox"/> Event Planning & Conference Management
	<input type="checkbox"/> Financial Management	<input type="checkbox"/> General Management	<input type="checkbox"/> Human Resource Management
	<input type="checkbox"/> Management of Information Technology	<input type="checkbox"/> Marketing Management	<input type="checkbox"/> Production and Operations Management
	<input type="checkbox"/> Supervisory Management	<input type="checkbox"/> Tourism Management	

IS THIS COURSE/SEMINAR YOU ARE PURSUING RELATED TO THE ABOVE COURSE OF STUDY?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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**SECTION H: HOW DID YOU HEAR ABOUT US?**

Please tick ( ✓ ) all that apply

<input type="checkbox"/> TV Ad	<input type="checkbox"/> Radio Ad	<input type="checkbox"/> Newspaper Ad
<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> Website	<input type="checkbox"/> Social Media Site (Twitter, Facebook etc.)
<input type="checkbox"/> Currently Enrolled in a BIMAP Programme	<input type="checkbox"/> Recommended by Employer	<input type="checkbox"/> BIMAP Sponsored Event (e.g. Crop Over event, Calypso Tents)
<input type="checkbox"/> Recommended by a BIMAP Staff Member Name of Staff Member: _____	<input type="checkbox"/> Other (please specify) _____	

**PAYMENT: (OFFICIAL USE ONLY)**

FEE PAID: \$	MEMBER-FEE:	CASH:	CHEQUE:	#:
DATE:    Y            M            D	NON-MEMBER:	DR CARD	CR CARD	#:
OFFICIAL RECEIPT #:	CASHIER'S SIGNATURE:			