

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

Returning Students: Please complete **ONLY** sections **A, C, D, E, F and H**. If however, there are changes to contact information (section **B**) or emergency contact information (section **G**), please complete these sections also.

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: COURSE/SEMINAR INFORMATION

TERM:*	Please tick (✓) the appropriate box ()						YEAR:*	
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> Summer				
CODE/TITLE:*	(Course/Seminar Code)			(Course/Seminar Title)				
DAYS:						TIME:		

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:					

SECTION E: SPONSOR INFORMATION

Please tick (✓) the appropriate box (☐)

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

Name :	Title:
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SECTION F: 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

SECTION G: EMERGENCY CONTACT INFORMATION

NAME:	RELATIONSHIP:	(H)	(W)	(C)
CONTACT NOS:				

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	<input type="checkbox"/> Other (please specify)	
Name of Staff Member: _____	_____	

Signature:	Date: yyyy / mm / dd
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