



REGISTRATION FORM

“From The Classroom To The Boardroom”

NAME FOR CERTIFICATE:

AGE :

SCHOOL ATTENDED & YEAR GRADUTED:

G.P. A:

ADDRESS (include P. O. Box):

INDUSTRY OF INTEREST:

HOME PHONE:

CELL PHONE:

EMAIL ADDRESS:

NAME OF PARENT/GUARDIAN:

HOME PHONE:

WORK PHONE:

CELL PHONE:

E-MAIL:

Participants must attend the required number of hours to receive a certificate.

.....Date.....

Signature Parent/Guardian