

# REGISTRATION FORM

## NATIONAL FARMERS & GENERAL WORKERS COOPERATIVE CREDIT UNION LTD Financial Management for Non-Financial Managers

### GENERAL INFORMATION:

Name:

*Last (Family)*

*First*

*Prefix (Mr., Mrs, Dr., etc.)*

Gender: Male

Female

Date of Birth:

Job Title:

Company Name:

Business Address:

*Street*

*City/State/Parish*

*Country*

Business Telephone:

Mobile:

Email:

### PARTICIPANT PROFILE:

Have you attended a similar training programme before?

YES

NO

If yes, please indicate when and where you attended your most recent training programme.

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How do you plan to use the knowledge gained from completing this training programme?

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What are your expectations of this training programme?

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SIGNATURE:

DATE:

**PLEASE RETURN TO:**

**Telephone:**