

**WORKSHOP/TRAINING REGISTRATION FORM**

|  |  |
| --- | --- |
| Name of Applicant |  |
| Previous Projects you have worked on |  |
| Current Company /Institution |  |
| Website (If available) |  |
| Company/Institution Contacts (Email and Phone) |  |
| **PERSONAL CONTACT DETAILS** |
| Address |  |
| Telephone |  |
| Email |  |
| Recommender/Referee’s Name |  |

**PLEASE NOTE**: Slots for the Masterclass are limited.Registeration is on first come, first serve basis.