



**WORKSHOP/TRAINING REGISTRATION FORM**

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| --- | --- |
| 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.