



REGISTRATION FORM

For registration on a Training/Seminar/Course please complete this FORM and return it to the address shown below (for completion of this FORM in electronic format in English it is required to have Adobe Acrobat program available).

GRBS® address:

Azerbaijan, Baku AZ1065, 44, Jafar Jabbarli street, Caspian Plaza, the 7th floor.

Telephone: (994 12) 437-10-51, Fax: (994 12) 437-10-61, e-mail: training@gr-bs.com

1 Training/Seminar/Course

Title of the training _____

Date of the training _____

2 Contact information

Name _____ Surname _____ Patronymic _____

Gender: Male Female

Employment (required)

Company _____ Position _____

City _____ Str./building _____

E-mail _____ Tel. _____ Fax _____

Home address (if applicable)

City _____ Str./building/flat _____

E-mail _____ Tel. _____ GSM _____

I participated in training organized by GRBS® before



3 Payment method

Payment method (please, tick one item)

Cash Bank transfer Credit/Debit card

If payment is to be made by a company, please complete this section.

Name of the company _____

Address _____

Name and Surname of the person responsible for payment _____

Position of the person responsible for payment _____

If payment is to be made by credit/debit card please complete this section.

Payment is made by: Company Individual

Type of the Card: _____ Card expire date (MM/YY) _____

Name of cardholder: _____

Note: Credit/Debit card transactions must be made through the POS terminal at GRBS® premises.

4 Confidentiality of the information

1. Based on the Law of Azerbaijan Republic GRBS® takes responsibility for complete confidentiality of the information.

2. Your e-mail will be used for outbound e-mails. It must be unique to you and not shared. It is your responsibility to ensure that your e-mail address is correct. GRBS® will not accept responsibility for e-mails being sent to e-mail addresses which are no longer used, incorrectly formatted, or which are publicly available. From time to time, GRBS® will send you information by e-mail. To ensure that you receive only the type of information you require by e-mail, please tick one of the three boxes below.

- I do not wish to receive any information by e-mail.
- I would only like to receive correspondence e-mail.
- I would like to receive correspondence e-mails and promotional e-mails relating to new trainings/events.

Signature _____ Date _____