

# Maritime Institute 'Willem Barentsz'

## registration form

Course Title: \_\_\_\_\_

Course week: \_\_\_\_\_ Starting date: \_\_\_\_\_

Surname: \_\_\_\_\_

Forename(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Postal code: \_\_\_\_\_ Place: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Education: \_\_\_\_\_

Sailing time: \_\_\_\_\_

Present function: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Postal code: \_\_\_\_\_ Place: \_\_\_\_\_

Telephone: \_\_\_\_\_

Contact: \_\_\_\_\_

Manner of Payment\*

Hotelreservation\*

*\* tick where appropriate*

Private

yes

Company

no

*\*\* only complete when expenses are for employer's account*

Date: \_\_\_\_\_ Signature participant: \_\_\_\_\_

Date: \_\_\_\_\_ Signature company\*\* \_\_\_\_\_

Send completed form at the address below.



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