

Please complete this form if you would like to attend a lunchtime CPD seminar at the Isle of Man International Business School. These seminars are open to anyone to attend but places are limited. We therefore encourage you to book your place as soon as possible and **no later than three working days before the seminar**.

Details of all future seminars will be available on our website [www.ibs.ac.im/cpd](http://www.ibs.ac.im/cpd). Alternatively, if you would like to be invited to future CPD seminars by email, please provide your email address and tick the box in section two below.

All seminars cost £20 per person. Unfortunately we cannot accept payments by credit/debit card. The IBS can accept a cheque payable to "Isle of Man Government" or cash, or alternatively by filling out the registration form with your payment details, we will invoice you or your organisation *after* the seminar and payment can be collected by cash or cheque. Only delegates who have pre-booked their place and supplied invoicing details will receive a CPD Certificate.

### Data Protection

The Isle of Man International Business School is registered as a Data Controller with the office of the Isle of Man Data Protection Registrar, as required under the Data Protection Act 2002. We will only process data in accordance with this Act for the purposes notified to the Supervisor.

Please complete this Registration Form clearly in **BLOCK CAPITALS**.

### 1. The Seminar

Date \_\_\_\_\_

Topic \_\_\_\_\_

How did you learn about this seminar?

\_\_\_\_\_

Why do you wish to attend this seminar? \_\_\_\_\_

\_\_\_\_\_

### 2. Your Contact Details

Full Name \_\_\_\_\_

Male  Female

Organisation \_\_\_\_\_

Job Title \_\_\_\_\_

Daytime Telephone \_\_\_\_\_

Email \_\_\_\_\_

Tick this box if you would like to be invited to future CPD seminars and receive more information about IBS services.

### 3. Special Needs or Support

Please tick and provide further details as appropriate

- None
- Dietary restrictions
- Medical conditions e.g., allergies, epilepsy, diabetes
- Learning needs e.g., dyslexia
- Physical disabilities
- Other Please provide details:

### 4. Emergency Contact(s)

Name(s) \_\_\_\_\_

Relationship to You \_\_\_\_\_

Telephone(s) \_\_\_\_\_

### 5. Payment Details

We can invoice your organisation for £20—please advise:

Name \_\_\_\_\_

Job Title \_\_\_\_\_

Organisation \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_ Reference \_\_\_\_\_

### 6. Declaration

I understand that by registering for this seminar, I will be invoiced as per section 5 above, whether or not I actually attend on the day. I declare that the information given on this form is correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

**Please post, fax or email completed forms to:**

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