



# CRONOWORLD

## E-LEARNING COURSE REGISTRATION FORM

Name

Gender

Date of Birth

Venue

Country

Address

Are you member of any organization?      Yes    No

What is your position at the organization?

What is your organization?

### CONTACTS

Your mobile phone:

Your fixed phone:

Your email:

Your organization's email:

I declare that I was informed about the programme and evaluation method of the course,  
as well as I was also informed about the monthly price of this course and its payment method and deadlines.