



International Maritime Training Registration Form



Complete the application form below and will contact you soon.

PLEASE WRITE CLEARLY IN CAPITAL LETTERS (Personal details as they appear on your passport)

Registration Details

Title (Please Circle) Mr. Mrs. Miss. Ms. Dr. Capt.

First Name: Last Name:

Date of Birth (dd / mm / yy):

Home Address

Address:.....

.....

City:Country: Postcode:.....

Personal Email:

Phone:

Office Address

Company:

Address:.....

.....

City:Country: Postcode:.....

Function:

Office Email:

Office Phone: Fax:.....

Chosen Training:

- Advanced Diploma Certificate Advanced Certificate

In:.....

.....

Payment by:

- Personal account Company's account Company's name:.....
- Methods of payment: Bank Transfer Credit Card PayPal

Declaration

I confirm that all of the information on this form is accurate

Date:.....

Signature:



Certified Maritime Training Center



IMASA Associate Member



2021 Associate Member of
INTERCARGO
International Association of Dry Cargo Shipowners

Embracing Excellence