



AMTECH COMPUTER TRAINING

REGISTRATION FORM

Visit us: www.acsgh.com Email us: info@acsgh.com Call us : 0240879983 / 0208123227

Course:	
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NAME: (Mr/Mrs/Ms)	First Name	Middle Initial	Surname
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DATE OF BIRTH: Y _____ M _____ D _____	ID #: _____
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GENDER: Female <input type="checkbox"/> Male <input type="checkbox"/>	Student <input type="checkbox"/>	Worker <input type="checkbox"/>	None <input type="checkbox"/>
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HOME ADDRESS: _____ _____ _____	MOBILE 1. _____ MOBILE 2. _____ EMAIL ADDRESS: _____
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RESIDENCE :	AREA:
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HOUSE NUMBER :

PARENT / GUARDIAN

NAME:	TEL #
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SIGNATURE: _____	DATE: _____
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FOR OFFICIAL USE ONLY

DATE OF JOINING AMTECH:

FEE PAID ₪ _____

Balance ₪ _____

SIGNATURE: _____

DATE: _____

I agree that Fees given or paid or deposited or any down-payment of fees At this point cannot be refunded.