**REGISTRATION FORM**

**International Master in Public Procurement Management Alumni Association**

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| **First Name:**  | Fill in here |
| **Last Name:** | Fill in here |
| **Gender (male/female):**  | Fill in here |
| **Date of Birth (dd/mm/yy):** | Fill in here |
| **Nationality:** | Fill in here |
| **Passport/ID Number:** | Fill in here |
| **Telephone Number and/or Mobile Number (please include the country code):** | Fill in here |
| **Email address:**  | Fill in here |
|  |  |
| **Current status (e.g.: working, studying, etc)** | Fill in here |
| **Organization:** | Fill in here |
| **Current Position:**  | Fill in here |
|  |  |
| **Current Address:** | Fill in here |
| **Resident Address:** | Fill in here |

I, the undersigned, have read the Constitutive Act and the Statute of the International Master in Public Procurement Management Alumni Association (hereinafter “Association”) and I agree with its objectives and with the duties of its Members.

I therefore express my interest in becoming a Member of the Association starting from the current date.

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| **Date (dd/mm/yyyy):**  | **Signature:**  |

I agree and consent to the use of motion pictures and photographs taken by the Association.

I further consent to the use of any statements spoken by me made in connection with such pictures, optically or mechanically recorded.

These pictures and recordings are understood to be for informational, educational, advertising, publicity and fundraising purposes.

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| **Date (dd/mm/yyyy):**  | **Signature:**  |