



INFORMATION SHEET

Region:	
----------------	--

ID No.		Title			
First Name & Initials		Surname			
Race:		Gender			
Cell no.		Tel (H)			
Tel (W)		Fax no.:			
Email:					
Postal Address:		Physical Address:			
Code:		Code:			
Status of Participant <i>(tick appropriate block)</i>	Existing Chartered Marketer	Potential Chartered Marketer	Training Provider	CPD Activity Provider	OTHER (please specify)
Current Employer:					
Job Title:					

Do you know of other Chartered Marketers who are not present today?

Name and Surname	
Tel no. / Cell no.	
Email:	

Name and Surname	
Tel no. / Cell no.	
Email:	

Name and Surname	
Tel no. / Cell no.	
Email:	