

ISA DISTANCE STUDIES REGISTRATION FORM

APPLICANT INFORMATION

Full Name:

Date of birth:

Gender:

Passport Number:

Current Occupation:

CONTACT INFORMATION

Email:

Current Mailing Address:

City:

State:

ZIP Code:

Phone:

Mobile Phone:

Fax:

LANGUAGE SKILLS

Native language/s:

I prefer written materials in:

COURSE INFORMATION

Course name:

Course code:

PAYMENT INFORMATION

Payment method:

Verification or ID number:

Date of payment:

Amount paid in €:

DECLARATION OF TERMS

The information I have provided is true and correct and I meet the eligibility criteria stated in the course description.

I agree to comply with all ISA's regulations.

I accept that the ISA – ISRAEL Group will reserve the right to expand, to reduce or to change the courses syllabus.

I intend to use the knowledge and skills developed through training with ISA – ISRAEL Group for legal protection purposes only.

I declare that I have read the instructions on this application form and that the information provided by me is true and complete.

I acknowledge that ISA – ISRAEL Group reserves the right to vary or reverse any decision regarding admission or enrollment made on the basis of incorrect or incomplete information. I have read and understand the above conditions and am prepared to accept them in full.

The I.S.A. management reserves the right to terminate a trainee's participation for disciplinary reasons.

No refund will be granted after receiving of any or all instruction materials, manuals or books.

SIGNATURES

I authorize the verification of the information provided on this form. I Read and Accept all conditions in Declaration by Applicant

Signature of applicant:

Date:

ISRAEL