

Trainers Network

A Resource for Facilitators of Learning Ltd.

MEMBERSHIP REGISTRATION FORM 2007

Surname: First Name(s).....
Home Address: Telephone:
..... Mobile No:
..... E-mail:
Organisation:
Work Address: Work phone:
..... Fax:
..... Email:
Job title: No. of years in training role:

Please indicate your:

a) SECTOR	<i>Tick 1</i>	b) SPECIAL AREAS OF INTEREST	<i>Tick 2</i>
Services to Industry	___	Professional Accreditation of Trainers	___
Catering	___	Identification of Training Needs	___
Agriculture/Fisheries	___	Equality and Diversity	___
Industry	___	Technology in Delivery of Training	___
Medical / Nursing	___	Evaluation	___
Entertainment	___	Education	___
Domestic	___	Community / Voluntary	___
Education	___		
Sport	___		

Signature: Date:.....

Membership Fee for €60.00 Enclosed Y Please Invoice My Company Y
Purchase Order No: _____

Please Return by Fax or Post To:

Trainers Network
C/o Calmar International Ltd.
62 Rossmore Lawn, Templeogue
Dublin 6W, Ireland.

Tel: 353 -1- 490 7168
Fax: 353- 1- 490 9863
Email: info@trainersnetwork.ie
Web: www.trainersnetwork.ie