Registration Form

Your preferred course to enroll (please mark with a X):

- ☐ MMA
- ☐ CTM
- ☐ SM
- ☐ HT
- ☐ ST

In:

- ☐ Barcelona
- ☐ Málaga

The dates of the course:

_____

The enrollment of the course is only valid once the payment is recognized.

The form of payment:
Bank transfer. For the availability of the course and the bank account number, please call us at Tel: 93 217 75 95 before you make a transfer.
Once the payment is recognized, please **send us this appication form** along with the **receipt of the banking transfer number** via fax at 93 217 75 96.

Name: _____ Surnames: _____

Address: _____

Zip code: _____ City: _____

Profession: _____

Telephone Number: _____ Cell phone Number: _____ E-mail: _____

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