

APPLICATION FOR ADMISSION

Application must be fully completed and signed before submission. Please write in block letters or type legibly.

Program Title.....

Name

Nick Name for Name Badge.....

Title or Position.....

Company Name.....

Business Address/City.....P.O. Box

Business Telephone.....Mobile

Fax.....Email.....

Education.....

Language Proficiency.....

Sponsoring Organization.....

Signature of the applicant.....

Please return this application to:

By Mail
Ideal Systems
P.o.Box 286988
Riyadh 11323
K S A

On line
Application may be
submitted on line at
www.idealsyst.com
Click on: Registration

By Fax
Ideal Systems
Admission Committee
2645480 / 2645580
Fax Ext: 104