



# International Bodyguard & Security Services Association

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## IBSSA Training Seminar 17-27 July 2016

### Registration form

First name: \_\_\_\_\_

Family name: \_\_\_\_\_

Date and Place of Birth: \_\_\_\_\_

Country: \_\_\_\_\_ City: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Passport number: \_\_\_\_\_

Name of workplace: \_\_\_\_\_

Address of workplace: \_\_\_\_\_

Profession: \_\_\_\_\_

Language skills: \_\_\_\_\_

Name of the Insurance Company: \_\_\_\_\_

Social Insurance Card number: \_\_\_\_\_

Driving License: \_\_\_\_\_

Gun License (if exists): \_\_\_\_\_

Any knowledge about guns? Shooting skills? \_\_\_\_\_

*Have you ever attended any IBSSA courses?* \_\_\_\_\_

Are you a vegetarian?            Yes            No

Remarks: \_\_\_\_\_

Licence plate number of your car: \_\_\_\_\_