Innovative Management & Professional Training
Office: Unit 201, Alissta Towers P.O. Box 2528, Grand Cayman, KY1-1104
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CBP™ PROGRAM
Registration Form

1. Applicant Details		
Name of Participant		
Job Title		**Sponsor:**
Organization		
Address	*P.O. Box*	
Tel.	*W.* *H.* *M.*	
E-Mail	Business:	
	Personal:	
2. Nationality:		
3. Date of Birth: _____(m) _____(d) _____(y)		
4. Course Details ***(The CBP™ Program is meant for mature students)***		

The Program requires participants to prepare for and sit any one course to become a **CBP Professional** or all five core courses to become a **CBP Executive**, as required by IBTA®. The modules covered in the program are outlined below.

Course Code	Course Title	Day	Time

5. Payment Option

Prepayment of Fees ☐ Payment Plan ☐

_____ _____

Participant's Signature *Date*