

Please put your photo here

Application Form

INDIVIDUAL TGP COURSES

1. Personal Information

Family name: _____

Maiden name (if applicable): _____

First name: _____

Street and number: _____

Postal code and city: _____

Country: _____

Billing address (if different from above)

Street and number: _____

Postal code and city: _____

Country: _____

Telephone: _____ Fax: _____

E-mail: _____

Gender: male female

Date of birth: _____ Place of birth: _____ Country of birth: _____

Nationality: _____

Please put in envelop, affix a stamp and mail to:

Center for Taxation and Public Governance
Wittenburgergracht 49
1018 MX AMSTERDAM
The Netherlands

Make sure your application form reaches us on or before the deadline: **two months** before the start of the course.

We recommend that you keep a photocopy of your complete application form.

2. Individual courses

I wish to enroll myself for the following courses:

	Period:	Price:
<input type="checkbox"/> Tax Policy (Bjørn Volkerink)	January 2010	€ 4,000
<input type="checkbox"/> Taxation on Consumption and Trade (Christophe Waerzeggers)	February 2010	€ 4,000
<input type="checkbox"/> Comparative Income Tax Systems (Geerten Michielse)	March 2010	€ 4,000
<input type="checkbox"/> Tax Administration Principles (Victor van Kommer)	April 2010	€ 4,000
<input type="checkbox"/> Legal Drafting (Geerten Michielse)	May 2010	€ 4,000
<input type="checkbox"/> Risk Based Compliance (Marcel Snippe)	June 2010	€ 4,000

Total: _____

3. Payment method

As soon as we have received your application form (individual), we will send you an invoice. After receipt of your payment, you will receive an e-mail confirmation of your enrolment.

4. Survey

Please indicate how you learned about the Tax Governance Program.

- Internet
- Alumni
- Flyer, brochure or newsletter
- Colleague
- Other, namely: _____

5. Declaration and signature

I declare that the information submitted is correct and complete. I understand that incomplete information will delay the application process and I accept that inaccurate information will render the application invalid.

Date: _____

City, country: _____

Name of applicant: _____

Signature: