



# Registration Form

belajarfashion.id

Date:  /  /

Form Number\* :

Student Number\*:

\* filled by Officer

## Personal Data

|  |  |              |   |
|--|--|--------------|---|
| First Name   | <input type="text"/>   | Last Name    | <input type="text"/>  |
| Full Address   | <input type="text"/><br><input type="text"/><br><input type="text"/> | City         | <input type="text"/>  |
|  |  | Province     | <input type="text"/>  |
|  |  | Zip Code     | <input type="text"/>  |
| Phone  | <input type="text"/>   | Mobile Phone | <input type="text"/>  |
| Fax  | <input type="text"/>   | Work Phone   | <input type="text"/>  |
| Contact Person   | <input type="text"/>   | CP Phone     | <input type="text"/>  |
| Place of Birth   | <input type="text"/>   | Email        | <input type="text"/>  |
| Date of Birth  | <input type="text"/> / <input type="text"/> / <input type="text"/>   | Age:         | <input type="text"/>  |
| Nationality  | <input type="checkbox"/> INDONESIA                                   | Gender       | <input type="checkbox"/> Male <input type="checkbox"/> Female |
|  |  | Other:       | <input type="text"/>  |
| Student at   | <input type="text"/>   | Grade        | <input type="text"/>  |
| Occupation   | <input type="text"/>   | Work at      | <input type="text"/>  |
| Have you ever taken a Fashion Course before?           | <input type="checkbox"/> Yes <input type="checkbox"/> No             |              |   |
| Why do you choose MAZ ?                                | <input type="text"/>   |              |   |
| How did you hear about MAZ ? (Internet? Brosur? or..?) | <input type="text"/>   |              |   |
| Recommended by   | <input type="text"/>   | Phone:       | <input type="text"/>  |

## Program

- Program Equals Bachelor ( Sarjana )
- Program Equals Diploma 1

## Your Chosen Packet or Course or Module

Signature:

Full Name:

**MAZ - "Campus of Fashion Design"**

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