Adaptability Skills Pro[™] Adaptability Skills Professional[™] Application Form



	Step 1: Participant Information	Please complete all fields:			
1	Please select & mark with X. SEX: Male Female	Mr. Ms. Mrs. Dr. Prof.			
2	*Date Of Birth: DAY/MONTH/YEAR				
3	Your name is exactly what will appear on your certification. *First Name:				
4	Your name is exactly what will appear on your certification. *Middle Name:				
5	Your name is exactly what will appear on your certification. *Last Name:				
6	* Title/Position:				
7	*Organization:				
8	*Mailing Address:				
9	*City:				
10	*State:	*Zip Code:			
11	*Country (If outside of the USA):				
12	*Work Telephone Number (include country code if outside USA)				
	*Permanent Telephone Number like cell phone or home phone number				
14	*WORK EMAIL ADDRESS				
15	*PERMANENT EMAIL ADDRESS (Needed in case you change jobs. Example: abc@gmail.com, 123@yahoo.com)				
16	*What is your highest level of education?				
17	*Include the URL or website address for your LINKEDIN profile here:				
18	*Was the https://worldskillsinstitute.com website useful?				
19	*How did you hear about the Adaptability Skills Pro™ Program? or who you were referred by (Please provide full name):				
20.	*Describe in one short sentence an example of using your Adaptability Skills:				

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Step 2: Course Information For course locations, visit: https://www.worldskillsinstitute.com/adaptabilityskillspro/								
	Adaptability Skills Professional™							
Date:								
*Location (Address): (Please select Location where class will be conducted)								
NOTE: CLASS MINIMUM SIZE IS 100 AND MAXIMUM SIZE IS 1000 PARTICIPANTS. YOUR ORGANIZATION CAN REGISTER UP TO 1000 PARTICIPANTS PER ONE CLASS SEATING								
Step 3: Payment Information								
Please complete your payment information below. Note that WORLD SKILLS INSTITUTE must receive full payment for course(s) registered for within Seven Business Days before the Start Of Class. An email confirmation will be sent to you upon receipt of full payment including further instructions. You must pay in full before start of the class. Please there are no exceptions.								
PLEASE CHECK PAYMENT METHOD:								
PAYMENT VIA CREDIT CARD SI	END PAYMENT VIA ZELLE T	10: info@worldskillsinstitute.com						
PLEASE NOTE: ADDITIONAL INSTRUCTIONS WILL BE PROVIDED IN FINAL INVOICE REGARDING HOW TO MAKE PAYMENT BY CHECK								
PLEASE NOTE THAT UPON RECEIPT OF FULL PAYMENT, YOUR SOFT COPY READ-AHEAD MATERIALS WILL BE EMAILED TO REGISTERED PARTICIPANTS WHOSE FULL PAYMENTS HAVE BEEN RECEIVED.								
Price per one Adaptability Skills Pro™ Participant is \$1,999 (USD)								
Number of Registrant(s)	x \$1,999 (USD) =	TOTAL=						
(Payment is in United States Dollars only)								

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World Skills Institute, 8700 Stonebrook Parkway Unit 1624, Frisco Texas 75034 USA

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YOUR INDUSTRY: Please select **only one** industry in which you work:

INDUSTRY	Yes/No	INDUSTRY	Yes/No
Aerospace & Defense		High Speed Rail & Railroads	
Agriculture		Hospitality & Tourism	
Airlines & Aviation		Housing & Real Estate	
Architecture		Industrial Machinery	
Banking		Information Technology	
Beverages		Insurance	
Bio-Technology		Manufacturing	
Chemicals		Management Consulting	
Computer Hardware		Materials	
Computer Networks & Communications		Medical Products	
Computer Software & Applications		Metals	
Consumer Goods & Services		Mining & Drilling	
Education Management		Oil & Gas	
Electronics & Electrical Equipment		Pharmaceuticals	
Energy & Nuclear Power		Pipelines	
Environmental Services		Printing & Publishing	
Farm Machinery		Retail	
Film, Motion Picture & Entertainment		Science & Life Sciences	
Financial Services & Securities		Shipping & Ship Building	
Food Products & Services		Space & Space Technology	
Forestry		Specialty Retailers	
General Merchandising		Sports & Sporting Goods	
Government		Telecommunications & Media	
Healthcare		Transportation & Logistics	
Heavy Construction		Utilities	

Write Your Industry here if not listed above:

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PAYMENT: Payment via credit card using our secured credit card payment gateway is available at: https://www.worldskillsinstitute.com/adaptabilityskillspro/

Payment via ZELLE must be sent using email address: info@worldskillsinstitute.com
Name of Approved ZELLE Manager when prompted: **First name:** Kwaku **Last name:** Akyeampong

IDENTIFICATION FORMS REQUIRED: 2 official forms of **PICTURE** identification are required for the **WORLD SKILLS INSTITUTE'S™ program** and must be presented before the start of class.

Accepted identifications can include military ID; Official country issued passport; Voters registration card; State issued ID; State issued Driver's License. Your identification must be current, and you will not be allowed to sit for the class if your identification has expired.

AIRLINE TICKET PURCHASE & HOTEL BOOKING:

Please do not make non-refundable airline reservations and hotel arrangements unless you have received a confirmation e-mail.

WORLD SKILLS INSTITUTE'S CANCELLATION POLICY: Substitutions or registration sharing are not permitted. If you cancel your registration more than two weeks prior to the course start date, your full tuition will be refunded less processing fee of **\$250.** If you cancel less than two weeks prior to the course, you will be responsible for the full tuition and receive a transfer voucher. If you fail to attend the course without advanced notification, you will be responsible for full tuition.

WORLD SKILLS INSTITUTE'S INTELLECTUAL PROPERTY POLICY: By registering for Adaptability Skills Pro™ program you FULLY acknowledge that ALL of WORLD SKILLS INSTITUTE'S training materials are protected by United States and international copyright laws. In addition, you agree not to use any content of Adaptability Skills Pro™ program for purposes of training and distribution of competing products or services. Please sign below to confirm that you fully agree with WORLD SKILLS INSTITUTE'S intellectual property and cancellation policy. By signing this application, you fully agree that all information provided in the completion of this Adaptability Skills Pro™ program application is true and accurate.

Step 5: Sign & Date Your Application

NAME IN FULL:		

SIGNATURE: DATE:

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Reminder:

PLEASE FULLY COMPLETE, SCAN AND ELECTRONICALLY SEND THE FIRST FOUR PAGES, SIGNED AND DATED VIA EMAIL TO:

info@worldskillsinstitute.com FOR PROCESSING

PLEASE COMPLETE ALL STEPS 1, 2, 3, 4. THANKS

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