



ANTIGUA AND BARBUDA INVESTMENT AUTHORITY
 Enterprise Development Department
 Presents
January 25 to February 10, 2021
 6:00 p.m. to 8:30 p.m.

MIND YOUR CONSTRUCTION BUSINESS - CONTRACTORS

REGISTRATION FORM

Full Name: _____

Gender: Male Female **Marital Status:** _____

Age Group: 18 - 25 yrs 26 - 35 yrs 36 - 50 yrs Over 50 yrs

Country of Birth: _____ **Nationality:** _____

Profession: Contractor Mason Plumber Electrician Other (Specify): _____

How long have you been in this trade?

0 - 3 yrs 3 - 5 yrs 6 - 9 yrs 10 - 15 yrs Over 15 yrs

What Services do you specialize in? _____

Business Name & Address: _____

Current Home Address: _____

Home #: _____ **Work #:** _____

Cell #: _____ **Email:** _____

How did you hear about this course? _____

What do you hope to learn from this course? _____

Computer Skills: None Basic Intermediate Advanced

What method do you currently use to calculate estimates? _____