

# MAPS Agreement

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    - ii. Course date and location (city and country)
    - iii. List containing participant's names, contact numbers and valid email addresses.
3. **Online Access.** Certified MAPS Practitioner will be given the Username and Password to access the online Assessment and update their personal profile.

**SUBMITTED BY THE UNDERSIGNED for acceptance on the date stated below.**

### CUSTOMER

Signed: \_\_\_\_\_  
Authorised Signature

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City,: \_\_\_\_\_

### Alpha Training UK Limited

Signed: : \_\_\_\_\_  
Authorised Signature

Name: Dr Mohammed Tikrity

Title: Director

Date: \_\_\_\_\_

Acct.# \_\_\_\_\_