

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: amna ibrahim jassim alzaabi

Title: al zaabi

Date: 13-3-2021

Company Name: -

Address: kalba -alsharjah

City: alsharjah

Alpha Training UK Limited

Signed: _____
Authorised Signature

Name: Dr Mohammed Tikrity

Title: Director

Date: _____

Acct.# _____