

Gambling-mathematics knowledge for gambling counselors

PhilScience course - Registration form



Personal Information

First name:

Last name:

Country

State/Province:

City

E-mail:

Retype e-mail:

Date of birth:

Phone:



Education and experience

Educational level

I have been doing gambling
counseling for: years

I am certified counselor



Payment and confirmation

I am willing to pay
the course fee

in full
 for the first module
 for the first two modules
 for the first three modules

I want to register
for and participate
in this online
course

I confirm that the
information
provided is real
and accurate.

I have read and I
agree to
organizers' terms
and conditions

I agree for my
personal data
being processed
for the purpose of
this service