

Delegate Registration Form

Morning Workshop**Time: 9h00—13h00****Workshop Date: 25 February 2010****Venue: Accenture , Woodmead**

Company Name: _____

Contact Numbers: _____

(W) _____

(C) _____

(F) _____

Address: _____

_____ Code _____

Title: _____

VAT Reg. No. _____

Name: _____

Invoice Detail:

ATT: Name _____

Surname: _____

Job Title _____

Designation: _____

Company _____

Email: _____

Department _____

Special Dietary Reg: _____

Address _____

_____ Code _____

No refunds will be paid for cancellations as this creates administration hassles. Substitution are welcome, provided that their details are submitted in writing to IPM on a company letterhead

For registration call Patricia, or Lavern @ 011 329 3760. Please fax completed registration to 086 568 3831.

Account Holder: Institute of People Management**Standard Bank: 200472526****Branch Code: 000355****Branch: Parktown****Type of account: Current****For Office USE:**

Date of Booking _____

Staff Reference _____

Invoice _____

Delegate 2:

Title: _____

Name: _____

Surname: _____

Designation: _____

Email: _____

Special Dietary Reg: _____

Delegate 3:

Title: _____

Name: _____

Surname: _____

Designation: _____

Email: _____

Special Dietary Reg: _____

Delegate 4:

Title: _____

Name: _____

Surname: _____

Designation: _____

Email: _____

Special Dietary Reg: _____

Delegate 5:

Title: _____

Name: _____

Surname: _____

Designation: _____

Email: _____

Special Dietary Reg: _____

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