## Registration Form

Please fill in the registration form, to allow us to book you for the upcoming training. Kindly note that this is a compulsory form that has to be filled, signed, scanned and emailed back to us.

**COURSE DETAILS.**

Course Title: …………………………………………………………………………………………………………………………

Course Dates: ………………………………………………………………………………………………………………………

**PARTICIPATION DETAILS.**

First Name……………………………………………..Surname…………………………………………………………………

Organization /Company ………………………………… Designation………………………………………………..

Postal Address………………………………………………… Postal Code …………………………………………………..

Country………………………………………………………….. E-mail ……………………………………………………………..

Telephone No: ………………………………………………..

**PAYMENT**

 Please invoice the above Organization

 Please invoice the Participant above

**REGISTRATION:**

This form must be completed in full and returned to Strategia Business School. Return this form to: info@strategiabusiness.com

**AUTHORISATION**

This booking is invalid without a signature