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**REGISTRATION FORM**

DELEGATE NAME	JOB TITLE	EMAIL ADDRESS	MOBILE No.

Company sponsored?  Yes  No (Tick where applicable)

ORGANIZATION: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_ MOBILE NO \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

Training fee:  \_\_\_\_\_ exclusive of VAT)

Note that fee includes: course material, administrative costs, meals and refreshments for the four days.

**TERMS & CONDITION OF REGISTRATION:**

Complete and email this form to [info@aganoconsulting.com](mailto:info@aganoconsulting.com) or send it to the address above. All fees MUST be paid in full before start of training and MUST confirmed at **least four (5) working days prior** to the start of the course. Make cheques payable to Agano Consulting (K) Ltd.

**AUTHORIZATION**

For company sponsorships, the signatory must be authorized to sign on behalf of the contracting organization.

I \_\_\_\_\_ aver that all given information is correct and confirm that I have read and understood all conditions pertaining to this program

Signed on \_\_\_\_\_ / \_\_\_\_\_ /20 \_\_\_\_\_

Signed \_\_\_\_\_

Company Stamp \_\_\_\_\_