

# ECG Academy and Management Training Registration Form



## Advanced Negotiation Skills

I hereby confirm my registration for the Advanced Negotiation Skills Course on

\_\_\_\_\_ 20 \_\_\_\_\_

*Please fill in the form in capital letters, as legibly as possible.*

### Participant

M  F

Last name ..... First name .....

Company ..... Position .....

E-mail ..... GSM .....

### Business address

### Invoicing address (if different from business address)

Company name..... Company name.....

Street / P.O. Box ..... Street / P.O. Box .....

Postcode ..... Postcode .....

Town ..... Town .....

Country..... Country.....

VAT number for invoicing.....

### Other contact person (if relevant, e.g. HR).

Name.....

Position.....

Telephone .....

E-mail .....

Please scan and email the completed form to [info@ecgassociation.eu](mailto:info@ecgassociation.eu) .

I will ensure the fee invoice is settled in full before the start of the Course

Place ..... Date.....

Signature .....