

ECG Academy and Management Training Registration Form



Negotiation Management

I hereby confirm my registration for the Negotiation Management Course on

_____ 20 _____

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

Participant

M F

Last name First name

Company

Position GSM

E-mail

Special dietary requirements (if any)

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

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

Place Date.....

Signature.....

Please scan and email the completed form to info@ecgassociation.eu