

**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
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 .

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

Place Date

Signature.....