

## Course Registration Form

### Participant's Details

Title: Mr/Mrs/Ms/Miss/Dr

Last Name:

First Name:

Telephone Number:

Email Address:

Gender  Male  Female

Nationality

Country of Residence

Address Line 1

Address Line 2

Address Line 3

City

Postcode/Zip code

Country

**State the Management Course(s) you wish to attend:**

1.

2.

3.

4.

**Names and Details of other Course Participant(s) if from same company:**

(1).

(2).

(3).

Company Name and Telephone:

Company Email:

**Choice of Course Fees:**

**Course participants are to choose which course fee they wish to pay.**

**Course fee £2700: This covers tea/coffee, training and materials (without hotel accommodation and lunch).**

**Or**

**Course fee £3500: This covers tea/coffee, training and materials (with hotel accommodation and lunch) during training.**

(The course fees are VAT exempt).

**Course Fee Payment Method:**

Payments should be in British Pound Sterling by electronic transfer only to:

**Barclays Bank,  
Upton Park Branch, London  
Account No. 40827746  
Sort Code 20-89-15  
IBAN: GB 36 BARC 2089 1540 8277 46  
Swift: BARCGB22**

**Conditions for Course Participants**

Payment of course fees must be made into the above account one month before commencement of course or latest two weeks to the commencement of course to secure you a place. Payments received later than two weeks to the commencement of courses may not secure your participation unless an expressed permission in writing is given by the course organisers. Those wishing to pay in EUR or US\$ will be billed the GBP price and the exchange rate at the time and point of electronic transfer will be applied.

**Approving Manager**

Please provide details of the person in your company responsible for approving your participation in the course(s)

Approving Manager's Title

Mr/Mrs/Ms/Miss/Dr/Capt etc

Approving Manager's Last Name

Approving Manager's First Name

Approving Manager's Direct Telephone Number

Approving Manager's Email Address

**Please provide details of the person responsible for training in your company.**

Training Manager's Title

Mr/Mrs/Ms/Miss/Dr/Capt etc

Training Manager's Last Name

Training Manager's First Name

Training Manager's Direct Telephone Number

Training Manager's Email Address

### **Qualifications and Skills**

Certificates, Diploma, Degree, or Professional Qualifications obtained

### **Relevant Experience Gained**

If no formal qualifications, state years relevant work experience in the space.

Is English your mother tongue?  Yes  No

Complete the registration form and forward it with your payment(s) receipts by email to [f.laurence@tpminternational.co.uk](mailto:f.laurence@tpminternational.co.uk) We will acknowledge receipt

which you will show on demand at entry venue. (Hotels are recommended on demand).

**Cancellations and Refund Policy**

There will be no refund of course fees on cancellation made 20 days to commencement of any course. Course fees will be refunded less 25% to cancellations made 21 days to commencement of any courses.