

THREE GREEN APPLES CONSULTING

Feeping Business Simple

TGA Training Workshop - Participants Booking Form

Please complete all the details below, and return the form back to Three Green Apples Consulting via email/fax

1. Participant Info	ormation	
Title	First Name	Surname
Job Title		Depart
Job Title		ment
Face 2		Cell
Email		No:
Company		
Postal Address		Telephone Number
7 Iddi 000		Trumbol.
2. Workshop Info	ormation	
Please state the de	tails of the workshop/session you would like	to attend
Workshop Title	HR METRICS	
Date	9 TH & 10 TH DECEMBER 2013	
3. Payment Deta	ils	
Payment Method:		
Invoice Me Enclose a cheque payable to Three Green Apples Consulting Limited. Cheque Number:		
	-	
Invoice the Compa	any referencing the following purchase order	number (A
copy of the purcha	ase order must be attached)	
Invoice to be addressed to the Attention of (Name)		
Invoice to be addressed to the attention of (Job Title)		
Terms & Condition	ns: Payment for the workshop will need to	be settled in full by 10 working days before the workshop begins to register as a
participant. No participant will be allowed to attend the workshop should any fees be outstanding. Cancellation needs to be done by 7 working days before the workshop begins or the participant will be responsible for full payment. A participant who is registered and does not attend the seminar		
will still be liable for		
I hereby acknowledge that I have read, understand and will abide by the terms and conditions contained herein.		
		
Signature		Date
Return this form to 7	th Floor Hughes Building, Muindi Mbingu Stree	t. email. or fax to 254 (0)20 2215956