

GROUP REGISTRATION FORM

Please complete in full (IN CAPITAL LETTERS)

Contact Details

NAME OF OFFICER-IN-CHARGE	
MOBILE NUMBER	
OFFICE TELEPHONE	
WHATSAPP CONTACT	
EMAIL ADDRESS	
ALTERNATIVE EMAIL ADDRESS	
COMPANY'S WEBSITE	

Your Organization

NAME OF ORGANIZATION	
DEPARTMENT	
AUTHORIZING OFFICER'S NAME	
CONTACT NUMBER & EMAIL	
AUTHORIZING OFFICER'S POSITION	
DATE	

Office address

YOUR ORGANIZATION	
POSTAL ADDRESS	
STREET ADDRESS	
CITY/PROVINCE	
COUNTRY	

Course details

COURSE TITLE	
COURSE DURATION	
COURSE DATE	
PREFERRED LOCATION	

Logistics & Travel Information

DO YOU NEED VISA ASSISTANCE?	
ANY HELP WITH HOTEL BOOKING?	
HOW DID YOU HEAR ABOUT US?	

Forward completed form to:

info@machols.org, macholsprograms@gmail.com
 www.machols.org, +27 63 451 70 40, +234 81 29 29 29 40

LIST OF PARTICIPANTS

SN	Names	Course of Interest	Telephone	Email
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For inquiries please contact:

Director,

Machols School of Management

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