

## REGISTRATION FORM

*Please complete in full (IN CAPITAL LETTERS)*

**Contact Details**

<b>NAME OF PARTICIPANT</b>	
<b>MOBILE NUMBER</b>	
<b>OFFICE TELEPHONE</b>	
<b>WHATSAPP CONTACT</b>	
<b>EMAIL ADDRESS</b>	
<b>ALTERNATIVE EMAIL ADDRESS</b>	
<b>COMPANY'S WEBSITE</b>	

**Your Organization**

<b>NAME OF ORGANIZATION</b>	
<b>DEPARTMENT</b>	
<b>AUTHORIZING OFFICER'S NAME</b>	
<b>CONTACT NUMBER &amp; EMAIL</b>	
<b>AUTHORIZING OFFICER'S POSITION</b>	
<b>DATE</b>	

**Office address**

<b>YOUR ORGANIZATION</b>	
<b>POSTAL ADDRESS</b>	
<b>STREET ADDRESS</b>	
<b>CITY/PROVINCE</b>	
<b>COUNTRY</b>	

**Course details**

<b>COURSE TITLE</b>	
<b>COURSE DURATION</b>	
<b>COURSE DATE</b>	
<b>PREFERRED LOCATION</b>	

**Logistics & Travel Information**

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

**Forward completed form to:**

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



**MACHOLS**  
SCHOOL OF MANAGEMENT

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*For inquiries please contact:*

*Director,*

***Machols School of Management***

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