

Company Registration Form – Mind Mapping

Course date preferred: _____
(Please refer to course details or Public Program calendar)

Name of Company: _____

Authorizing Manager: _____

Name: _____ Title: _____

Phone: _____ Email: _____

Participant Details

1. First Name: _____ Last Name: _____

Mobile: _____ Email: _____

2. First Name: _____ Last Name: _____

Mobile: _____ Email: _____

3. First Name: _____ Last Name: _____

Mobile: _____ Email: _____

Fee payable= No. Of delegates x Course fee

No. _____ x AED 2,250 = AED _____

For more than two delegates from the same company:

Less 20% = AED _____

Total due: AED _____

I wish to make the registration above. I have read the Terms and Conditions.
Payment will be made by:

Check ()

Bank Transfer ()

Registration will not be confirmed until payment is made.

Signature: _____

Date: _____

Please email completed registration form to: Graham@MooreSuccessMe.com