

Please Fax to: 3228095 ,or Email: sysbseminar@gmail.com

Last date for registration: 12th October 2011

Part A

SEMINAR REGISTRATION FORM 12th October 2011		
Name:		
COMPANY /MINISTRY/INISTUTION NAME:		
ADDRESS		
TEL:	FAX:	EMAIL:

PARTICIPANTS INFORMATION	Please (Tick), If you check the workshop option, fill part B	
1.Name	<input type="checkbox"/> Seminar <input type="checkbox"/> Workshop (Fill Part B Individually)	
Email: _____ Mobile: _____		
Designation		
2.Name	<input type="checkbox"/> Seminar <input type="checkbox"/> Workshop(Fill Part B Individually)	
Email: _____ Mobile: _____		
Designation		
3.Name	<input type="checkbox"/> Seminar <input type="checkbox"/> Workshop(Fill Part B Individually)	
Email: _____ Mobile: _____		
Designation		
AUTHORISED BY:		
Name	Company Stamp	
Designation		
Department		
Tel/Fax		
Signature		

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DISCLAIMER & CANCELATION POLICY

Please read the following disclaimer. Upon sending in this registration page, it is understood that you agree upon the following terms of service. Organisers reserve the right to change the content and circumstances. They will not be held responsible should the program be delayed or cancelled due to unforeseen circumstances.

All individuals are required to fill the form separately, where one registration form can be used for several participants from one organisation. Please note that substitutes are always welcome from one organisation.

Organizers have the right to cancel any individual registration.

Please Note:

- Specific criteria will be followed to select the individual to participate in the workshop.
- **Late arrivals** for the seminar will have to **wait** for the start of the next presentation.
- Participants late for workshop will **not be entertained**.

WORKSHOP REGISTRATION FORM 12th October 2011

Name:

COMPANY /MINISTRY/ INSTITUTION NAME:

ADDRESS

TEL:

FAX:

WWW.

Part B (One form per person)

PARTICIPANT INFORMATION

All Caps

Name

Email.

Moble No.

Designation (Job Title)

Department

Key Responsibilities and duties

Are you involved in financial decision making? (Yes/No)

Are you involved in preparing budgets? (Yes/No)

Are you involved in purchasing and tenders?(Yes/No)

Are you involved in financial auditing?(Yes/No)

Are you involved in accounting ?(Yes/No)

AUTHORISED BY:

Name:

Company Stamp

For Official Use:

Approved

Yes

No

REGISTRATION NO _____

Approved By: _____ Date: _____