

To Participate: Please complete this form, then proceed using one of the two alternatives below

1 Either Send it with your payment cheque to Belstar Training Centre at 52 S Dhanjee Street, Rose Hill

2 Or Email us a scan of the form while crediting our account 0000 3010 2588 at MCB Rose Hill with amount payable

1. Details of Delegate																	
Surname												Mr/Mrs/Ms					
First Name																	
NID																	
*Please ensure that above names and id number are identical with information submitted to HRDC.																	
Position Occupied																	
Contact Numbers	Mobile	e								fice							
Email Address																	
Meal Requirements	Veg Non Veg						Any other Restrictio										
2. Employer	1			_	t							1					
Company Name																	
Billing Address																	
3. Refund Policy																	
A written notice of cancellation received at least TEN working days before event attracts a refund of 50%. For later cancellation there will be no refund. A substitution of delegate may be considered and it shall be the sponsor's responsibility to liaise with HRDC about the change of delegate.																	
4. Authorization																	
Name of Person Authorizing Participation							Position Email address										
I confirm that all the information given on this form is correct and I accept unconditionally the refund policy.							For Office use										
Signature		Date															
Note1 Participation w2 The Attendance							ill be d	eliver	red	by mid	Octobe	r 2019.					