

LEADERSHIP WORKSHOP ON “----- ”

REGISTRATION FORM

Dates:	Time :
Venue:	
Course Fee :	
Note : This is a non residential course. Participant Fee is non-refundable; however change in nomination is acceptable	

Name of the Company		
Address		
Contact Details	Tel:	Post Code :
	E-mail	Fax:

Sr. No.	Name of the participant	Job Title
1.		
2.		
3.		

Payment Details in favour of PERCEPTION BUSINESS CONSULTING SOLUTIONS

DD/Cheque No: _____ Date:

Drawn on _____ Bank INR :

<p>For all Queries, contact: Mr.Pankaj Thareja(Training Coordinator) 9818318351 pankaj@perceptionbc.org Please complete and send this form along with your payment to</p> <p>PERCEPTION BUSINESS CONSULTING SOLUTIONS</p> <p><small>A-2, 11rd Floor, Vyapar Kendra Ansal Palam Vihar, Gurgaon- 122017 Tel: +91 124 4074961 Mobile: +91 11 9811146673 Email: info@perceptionbc.org www.perceptionbc.org</small></p>
