

Building Resilience - Registration Form

Please complete all required fields marked with a * and ensure that you send back all pages of the registration form.

COURSE DETAILS

Which course would you like to book for?

<p>BUILDING RESILIENCE: Assess your own level of capability and design your personalized roadmap to resilience</p>	<p>27 November 2018</p>	
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Location: Château de Bossey, Bogis-Bossey (near Geneva)

Time: 09h00 to 18h00 (Registration from 8h30)

APPLICANT DETAILS

*Surname

Preferred Name

*Mobile Phone Number (incl. country code)

Do you have any special dietary requirements?

*First Name/s

*E-mail address (for all correspondence)

* Postal Address (incl. postal code)

Work Home

Do you have any disabilities of which we need to be aware?

Which Centre for Coaching or New Ventures West courses have you previously completed?

Where did you hear about this course?

*** FEES AND PAYMENT DETAILS**

Workshop 27 November 2018: CHF700

Early-bird rate: CHF350 (before 12 October)

Payment

Payment can be made either by direct account transfer or PayPal.

Please ensure you place your reference number **OR** your Name and Course on the payment.

Please tick your method of payment.

- Direct account transfer** (bank transfer fees to be borne by the applicant, in particular for international bank transfers)
- PayPal** - a payment request will be sent to you by email (*please note: a 4% surcharge will be added for all PayPal payments*)

Bank Details:

Name: CfCS LEADERSHIP CONSULTING SARL

Bank: CREDIT SUISSE SA

Branch: LAUSANNE - 1000

BIC (Bank Identifier Code): CRESCHZZ80A

Account number: 0425-1420667-21

IBAN: CH50 0483 5142 0667 21 000

GINN: Q7628F.00000.LE.756

If company-sponsored, please provide us with contact details of the person responsible for payment in your organisation and invoicing details:

Company Name: _____ Finance Contact Name: _____
Finance Contact E-mail: _____
Invoicing Address: _____ Postal Code: _____
Purchase Order No. if required: _____

Cancellation Policy:

Cancellations must be made in writing via email. Should you cancel less than 3 days before the course start date you are liable to pay 50% of the full fees.

Full Name _____

Signed at _____ On the _____ Day of _____ 20 _____

Signature

Applications to be submitted to: info@centreforcoaching.ch