



## REGISTRATION FORM

### 1 Day Motivational Program

Please enroll the following executive(s)/Managers from my organization:

(Please attach a separate list for more than ten delegates).

Sr. No.	Name	Designation	Email Id	Contact No.
01				
02				
03				
04				
05				
06				
07				
08				
09				
10				

**Company's Name**

**Address:**

\_\_\_\_\_

**Email:** \_\_\_\_\_

**Fax:**

**Tel Off:** \_\_\_\_\_ **Mobile:**

Enclosed Cheque / Demand Draft for Rs. \_\_\_\_\_, as delegate fees for \_\_\_\_\_ number of executive(s), drawn in favor of **Ecole Solitaire, Pune.**

\_\_\_\_\_

Name

Signature