



# Innovative Management & Professional Training

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## SEMINAR Registration Form

<b>1. Contact Details</b> (Person responsible for placing the order)				
Name				
Job Title				
Organization				
Address		P.O. Box		
Tel.				
E-Mail				
<b>2. Course Details</b>		<b>3. Course Participant(s) Details</b> (if different from above)		
<b>Course Title</b>	<b>Date</b>	<b>Name of Participant(s)</b>	<b>Job Title</b>	<b>E-Mail</b>
_____		_____		
Authorized Signature		Date		

**NOTE:** By submitting this document, I/we accept that a 48-hour cancellation notice is required and no-shows will be charged the full amount. (Cancellation notice must be given during regular work days: Monday – Friday)