



REGISTRATION FORM
For
Train the Trainers Program

Please enroll the following executive(s) from my organization for the **Train The Trainers Program**

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

Sr. No.	Name	Designation
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