

# REGISTRATION FORM LEADERSHIP

- MANAGING RELATIONSHIP CHALLENGES
- ADVANCED-LEVEL COACHING AND MENTORING CLINIC

PRESENTED BY JOHN ENGELS

INTERCONTINENTAL FARAYA MZAR HOTEL

OCTOBER 13 – 14, 2011

Fill in the below information as accurately & clearly as possible and indicate with a (✓) where appropriate. For additional participants kindly use another form & attach it securely to this form:

PARTICIPANT INFORMATION										
First:	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	Title	Last name	First name	Position	Mobile	Email	Seminar Attending	Excursion		
Second:	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Third:	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Fourth:	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Fifth:	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	Title	Last name	First name	Position	Mobile	Email	Seminar Attending	Excursion		
ORGANIZATION PARTICIPANT'S FEES										
Indicate the number of participants for both the Seminar and the Friday night excursion dinner along with the total amounts due:										
Seminar fees:	<hr/>	X	<hr/>	US\$ =	<hr/>	US\$	}	<b>Total fees per organization =</b>	<hr/>	US\$
	# of participants		Fees		Total fees participant				V.AT is applicable	
Excursion fees:	<hr/>	X	<hr/>	US\$ =	<hr/>	US\$			<hr/>	US\$
	# of participants		Fees		Total fees participant					
ORGANIZATION CONTACT INFORMATION										
Authorized person contact information and signatory approval:										
Organization name:	<hr/>									
Contact person:	<hr/>									
	Title	Last name	First name	Position						
Address:	<hr/>									
	Street Address	Area	City	Zip Code	Building					
Telephone:	<hr/>	Fax:	<hr/>	Mobile:	<hr/>	Email:	<hr/>			
Signatory approval:	<hr/>				Date:	<hr/>				
CONTACT DETAILS	PAYMENT DETAILS									
Return this form along with proof of payment of registration fees before October 06, 2011 by fax or email to: <b>ABOUSLEIMAN &amp; CO</b> Gemmayze, Gauraud & Pasteur Street Intersection Farah Bldg, 1 <sup>st</sup> floor Beirut, Lebanon E. info@abousleimangroup.com T. +961 1 571 093 F. +961 1 572 093 P.O. Box 113/5512 www.abousleimangroup.com	Make payment either by (✓) <input type="checkbox"/> check or <input type="checkbox"/> bank transfer to: <b>ABOUSLEIMAN &amp; CO</b> Fenecia Bank – Hamra Branch Beirut – Lebanon Account #: 01USD4612011420000 IBAN: LB11 0058 0001 USD4 6120 1142 0000 Swift: BKAWLBBE Cancellation policy: • 100% refund if canceled two weeks before Seminar date • 50% refund if canceled one week before Seminar date • None afterwards									