

## REGISTRATION FORM

**Participant Details** Name of the Participant **Company Name** Job Title Briefly describe your role in your company **Address** : Post Code: **Contact Details** Tel: Fax: Mobile: E- Mail : Course Name Psychological Injuries and Psychological Safety: Leveraging Practices in Organizations Tuesday 7<sup>th</sup> April 2015 Seminar 1 (Tick) Wednesday 15<sup>th</sup> April 2015 Seminar 2 (Tick) Voila Hotel - Bagatelle **Course Location Dietary Preferences** Non Veg: Others: Veg: Payment Details in favour of Acclivity Consulting Ltd Cheque No:\_\_\_\_\_ Date:

## **Training Course Terms and Conditions**

Amount (Rs):

We design our publicly scheduled courses for approximately 20 to 30 participants. A seat is reserved once an official registration is received by mail on first come first serve basis.

Upon receiving your course registration, we will send an email acknowledging receipt of your registration. Final course confirmation will be sent at least 1 week prior to the start date of the course. We will only confirm a course when we have sufficient enrollment to conduct a viable course and ensure active participation from students.

Please complete and send this form by Mail or fax along with your payment dispatched / posted to:

## **Acclivity Consulting Ltd**

Bank

4th Floor, Ebene Heights Ebene CyberCity Republic of Mauritius

You could email us your registration form to info@acclivity.mu Any additional queries and clarifications you may contact Mr. Faiz Hossenbocus, E-mail faiz@acclivity.mu - Ph 57679204