



**ONE DAY POWER WORKSHOP**

**HOW TO DELEGATE EFFECTIVELY**

*Tuesday, February 20, 2018 – The Knutsford Court Hotel, 16 Chelsea Avenue Kingston 6*

Please complete and email: [info@makeyourmarkconsultants.com](mailto:info@makeyourmarkconsultants.com) or [makeyourmark@cwjamaica.com](mailto:makeyourmark@cwjamaica.com)

Where applicable please check the appropriate box with an "x" to indicate your preference.

**Registrant Contact Information**

Title: Mr.  Mrs.  Miss  Ms.  Dr.  Other: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

Special Dietary Needs: Vegetarian  Vegan  Allergies \_\_\_\_\_

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**Contact & Approval**

*Please enter contact person's information*

Contact Person: Mr.  Mrs.  Miss  Ms.  Dr.  Other: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Authorizing Person: Mr.  Mrs.  Miss  Ms.  Dr.  Other: \_\_\_\_\_

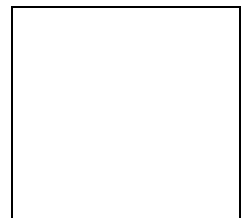
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Authorizing Signature: \_\_\_\_\_

Company Stamp:



**Cancellation Policy**  
Cancellation or replacement must be made in writing at least 2 days before the event or full payment is due

**FOR INTERNAL USE ONLY**

Paid: Cash  Cheque

Date Process: \_\_\_\_\_

Date Received: \_\_\_\_\_