



ONE DAY POWER WORKSHOP

Public Speaking and Effective Presentations

Wednesday July 25, 2018 – Knutsford Court Hotel
16 Chelsea Avenue, Kingston 5

Please complete and fax to MYMC at 978 4418 or email to makeyourmark@cwjamaica.com or info@makeyourmarkconsultants.com Where applicable please check the appropriate box with an "x" to indicate your preference.

Registrant Contact Information

Form fields for Registrant Contact Information including Title (Mr., Mrs., Miss, Ms., Dr., Other), First Name, Last Name, Job Title, Department, Organization Name, Address, Telephone, Fax, and Email.

Contact & Approval

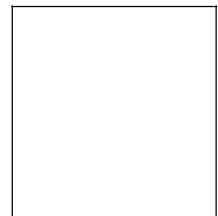
Please enter contact person's information

Form fields for Contact Person including Title (Mr., Mrs., Miss, Ms., Dr., Other), First Name, Last Name, Job Title, Telephone, Fax, and Email.

Form fields for Authorizing Person including Title (Mr., Mrs., Miss, Ms., Dr., Other), First Name, Last Name, Job Title, Telephone, Fax, and 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

Form fields for internal use including Paid (Cash, Cheque), Date Process, and Date Received.