



**ONE DAY POWER WORKSHOP**

# Transitioning from Team Member to Team Leader/Supervisor

*Thursday July 12, 2018 – Knutsford Court Hotel  
16 Chelsea Avenue, Kingston 5*

Please complete and fax to MYMC at 978 4418 or email to [makeyourmark@cwjamaica.com](mailto:makeyourmark@cwjamaica.com) or [info@makeyourmarkconsultants.com](mailto:info@makeyourmarkconsultants.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: \_\_\_\_\_

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: \_\_\_\_\_

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

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

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

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

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

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

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: \_\_\_\_\_

For more information contact **Make Your Mark Consultants**

**Add:** 1 Robertson Avenue, Kingston 6, Jamaica W.I. **Tel:** (876)978-6001-2

**Fax:** (876)978-4418 **Email:** [makeyourmark@cwjamaica.com](mailto:makeyourmark@cwjamaica.com) [info@makeyourmarkconsultants.com](mailto:info@makeyourmarkconsultants.com)

**Website:** [www.makeyourmarkconsultants.com](http://www.makeyourmarkconsultants.com)