



Please make copies of this form for registration and retain the original form for future use

Certified Coaching & Mentoring Professional (CCMP)

Section A: Personal Details

Name (Dr/Mr/Ms):

Job Position:

Organization:

Address of Organization:

Tel:

Fax:

Mobile:

Email:

Section B: Substitution Policy

Should the participant be unable to attend the course, a substitute may be nominated to take his/her place for the same seminar registered. Please notify ITD Consulting Group of any such changes. All fees paid are non-refundable unless a program is cancelled due to unforeseen circumstances.

Section C: Mode of Payment

Payments may be made by telegraphic transfer, bank deposit or local check.

Account Name (Pay to): ITD Consulting Group, Inc.

Account Number: 00-059-50-0244-7

SWIFT Code: MBBEPHMM

Name of Bank: MAYBANK PHILIPPINES, INC.

Bank's Address: New Solid Building, Buendia Avenue Ext. Makati City

Section D: Acknowledgement

I hereby confirm that I have read and understood the course details, payment information, procedures and policies and have accepted the terms contained therein.

I also confirm that the payment of _____ for the above mentioned program will be made no later than 2 weeks before the program commences.

Applicant's Signature

Date

*Please add 12% value-added Tax (VAT)

Please complete this form and send/fax/e-mail it to our details below:

ITD Consulting Group, Inc. Telephone: +632 887 7428, Telefax: +632 844 8874,

Email: itdmanila@itdworld.com Website: www.itdworld.com

* Kindly indicate (/) if any of the participants are Vegetarians. Yes () No ()