REGISTRATION FORM: SHORT COURSES

Tel: (+267) 3612100/66/69 Fax: (+267) 391 3296 Email: ccpd@idmbls.ac.bw



Course Applied for:					
SPONSOR'S DETAILS		Course D	Course Dates:		
Company Name:		Contact Person:			
Tel:		Name:			
Address:		Position:			
		Office Tel:			
		Email:			
	Official Stamp	Date:			
		Signature:			
DELEGATE D	ETAILS				
1. Full Names:		2. Full Names:			
Identity Number:		Identity Number:			
Position:		Position:			
Qualification:		Qualification:			
Contact:		Contact:			
Email:		Email:			
3. Full Names:		4. Full Names:			
Identity Number:		Identity Number:			
Position:		Position:			
Qualification:		Qualification:			
Contact:		Contact:			
Email:		Email:			
ror more aelega	tes, go to the back page				

BANKING DETAILS

Payee: Institute Of Development Management Bank: ABSA Branch: Mall Acc No: 2744757 Swiftbic: Barcbwgxxxx Kindly specify the customer name in the reference section on the bank deposit slip.

Terms and Conditions:

Please note: 100% fees are payable before course commencement unless a different payment schedule has been requested for and approved by the Country Director. Government Purchase Orders are accepted as guarantee for payment.

Meals:

Are meals required?

Yes No

P302.00 per participant per day. Morning Tea, Lunch, Afternoon Tea and Bottled water.



DELEGATE DETAILS

5. Full Names:	6. Full Names:	
Identity Number:	Identity Number:	
Position:	Position:	
Qualification:	Qualification:	
Contact:	Contact:	
Email:	Email:	
7. Full Names:	8. Full Names:	
Identity Number:	Identity Number:	
Position:	Position:	
Qualification:	Qualification:	
Contact:	Contact:	
Email:	Email:	
9. Full Names:	10. Full Names:	
Identity Number:	Identity Number:	
Position:	Position:	
Qualification:	Qualification:	
Contact:	Contact:	
Email:	Email:	

NB: IDM classes are conducted with a minimum number of ten (10) participants. The CCPD Office will communicate with all applicants regarding course commencements and general application status.