

TRAINING REGISTRATION FORM (Individual registration)

Trainee's Identification

First Name: _____ Last Name: _____

Date of Birth: _____ Gender: Female Male

Highest Degree: _____

Address: _____

Cell: _____ Email: _____

Work Information

Employer/Company: _____

Activity: _____

Position: _____

Address: _____

Tel.: _____ Email: _____

Thank you for registering me for the programme(s) marked X

Training Programmes	Dates 2018	CCIFG Members	Others	Mark
		Fees in GHC		
<u>Managing Data & Spreadsheets</u>	May 17 & 18	600	660	
<u>Powerful Presentations</u>	May 24 & 25	600	660	
<u>Sales Techniques</u>	May 31 & June 1	800	880	
<u>Human Resources Management</u>	June 7 & 8	800	880	
<u>Leadership Skills</u>	June 14 & 15	800	880	
<u>Creating Professional Documents</u>	June 21 & 22	600	660	
<u>Administrative Assistance Skills</u>	June 28 & 29	800	880	
<u>Accounting for Business Professionals</u>	July 5 & 6	800	880	
<u>Time & Priorities Management</u>	July 12	440	480	
<u>Meetings Management</u>	July 13	440	480	
<u>Project Management</u>	July 19 & 20	800	880	

- ❖ Registration form is to be mailed to training@lucas-college.net and to info@ccifranceghana.com
- ❖ Payment is to be made at the latest 1 week before the training starts
 - ✓ in cash at LUCAS College or by check to the order of LUCAS College
 - ✓ by transfer to: LUCAS College at Standard Chartered (SCBLGHACXXX) – A/C 0100105133800

Date: _____

Signature: _____