

# Mentor - Amplifying Talent - Registration Form

Please complete all required fields marked with a \* and ensure that you send back all pages of the registration form.

## **COURSE DETAILS**

Which course would you like to book for?

<p><b>MENTORING - AMPLIFYING TALENT:</b> Gain maximum benefit from mentoring - the 'how' of mentoring as well as the 'what'</p>	<p><b>20 November 2018</b></p>	
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**Location:** Château de Bossey, Bogis-Bossey (near Geneva)

**Time:** 09h00 to 18h00 (Registration from 8h30)

## **APPLICANT DETAILS**

\*Surname

Preferred Name

\*First Name/s

\*E-mail address (for all correspondence)

\*Mobile Phone Number (incl. country code)

\* Postal Address (incl. postal code)

Work  Home

Do you have any special dietary requirements?

Do you have any disabilities of which we need to be aware?

Which Centre for Coaching or New Ventures West courses have you previously completed?

Where did you hear about this course?

**\* FEES AND PAYMENT DETAILS**

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**Workshop 20 November 2018:** CHF700  
**Early-bird rate:** CHF350 (before 12 October)

**Payment**

Payment can be made either by direct account transfer or PayPal.  
Please ensure you place your reference number **OR** your Name and Course on the payment.

Please tick your method of payment.

- Direct account transfer** (bank transfer fees to be borne by the applicant, in particular for international bank transfers)
- PayPal** - a payment request will be sent to you by email (*please note: a 4% surcharge will be added for all PayPal payments*)

**Bank Details:**

**Name:** CfCS LEADERSHIP CONSULTING SARL  
**Bank:** CREDIT SUISSE SA  
**Branch:** LAUSANNE - 1000  
**BIC (Bank Identifier Code):** CRESCHZZ80A  
**Account number:** 0425-1420667-21  
**IBAN:** CH50 0483 5142 0667 21 000  
**GINN:** Q7628F.00000.LE.756

If company-sponsored, please provide us with contact details of the person responsible for payment in your organisation and invoicing details:

Company Name:	_____	Finance Contact Name:	_____
Finance Contact E-mail:	_____		
Invoicing Address:	_____		Postal Code _____
	_____		
Purchase Order No. if required:	_____		

**Cancellation Policy:**

**Cancellations must be made in writing via email.** Should you cancel less than 3 days before the course start date you are liable to pay 50% of the full fees.

Full Name \_\_\_\_\_

Signed at \_\_\_\_\_ On the \_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Signature

Applications to be submitted to: [info@centreforcoaching.ch](mailto:info@centreforcoaching.ch)