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

***COURSE DETAILS***

**Date:** 6 April 2019

**Location:** Château de Bossey, Bogis-Bossey (near Geneva)

**Time: 09h30 to 18h30** (Registration from 08h30)

***APPLICANT DETAILS***

|  |  |  |
| --- | --- | --- |
| **\***Surname |  | **\***First Name/s |
|  |  |  |
| Preferred Name |  | **\***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***

***6 April 2019 Masterclass:*** CHF400

***Early-bird rate***:  CHF300 (before 15 March)

***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: Centre for Coaching SUI LLC**

**Bank: CREDIT SUISSE SA**

**Branch:**Lausanne - 1000

**BIC (Bank Identifier Code):***CRESCHZZ80A*

**Account number:** 0425-1122835-71

**IBAN:** CH15 0483 5112 2835 7100 0

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 daysbefore 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: [apply@centreforcoaching.co.za](mailto:apply@centreforcoaching.co.za)