

Participation Form : Please make your Selection/s below:-				
Kindly come along to the program with this form filled and printed out. Leave out columns not applicable to you.				
Form 001 #Travel consultants Training   1st Edition 2019				
Name of Organization / Business:				
Postal Address & Code:				
Office Tel:		OfficeFaxNo:		
Title:	Mr. □□ Mrs. □□ Ms □□ Dr □□ Professor □□ Other □□			
Full Names of Participant				
Job Title:				
GSM Number:				
E <sup>₄</sup> Mail:				
Name of Person Authorizing participation:				
SignaturePersonAuthorizing: Accepting the Terms and Conditions Below.			Date:	

Further details: EmployMe Nigeria: Mobile + 2347085556666

## **T&C**:

- 1. Cancellation of participation attracts a 90% cancellation fee.
- 2. No refund of payment for early bird payment that is cancelled.
- 3. No refunds will be entertained for non appearance at the programme.
- 4. Substitutes are allowed if it is done at least 72 hours-before the first day of the program.
- 5. Organizers decision as to modules, programme schedule, venue, location and others are final and subject to change.
- 6. We are not liable for any harm or damages related to the requirements needed for the program
- 7. All cancellations must be made no later than 15 working days before the start of the Training. We will only accept cancellations that are made via email.
- 8. If You request a change in your original course election, **EmployMe E-Learning** will make reasonable efforts to accommodate a requested change in course election provided such written request is received at least ten (10) business days prior to the originally scheduled course start date
- 9. You agree not to export or re-export any of the Course Materials in violation of e-learning online export laws and regulations.