

REGISTRATION FORM



Date:		•••••	••••••		
Programme:			•••••	•••••	
Time:					
Venue:		•••••	•••••	•••••	
Name of O	rganisation:	•••••	• • • • • • • • • • • • • • • • • • • •		
CORPOR	ATE BOOKING				
Please, fill in t	he details of nominees	in capital letters an	d underline the s	surname	
Name		Designation	Telephone	Email	IoD No., if
					a member
I					
ii					
iii					
iv					
V					
TOTAL NOM	IINATIONS TOTAL	L FEE PAYABLE			

1. Contact Person.

2. Mobile Telephone Email.

3. Address of Organization.

Please return this form to INSTITUTE OF DIRECTORS NIGERIA 28, Cameron Road, Ikoyi Lagos.

For registration, please contact: Tobi on 07062148115 or Theresa on 08032825038

TERMS & CONDITIONS

CANCELLATION/POSTPONEMENT POLICY: Request for postponement should reach the IoD Secretariat **Five (5)** working days before commencement of the course. If the notice is received within **Five (5)** working days before the course commences, all the fees are forfeited. For cancellation on which notification is duly communicated not more than **Ten (10)** working days to the programme, administrative charge of 30% of the fee will be paid.

Payment in Cash or Cheque in favour of "Institute of Directors Nigeria" can be made at the Secretariat or into our **Stanbic IBTC Bank Plc** Account No. **9200723112**. Deadline for registration is two weeks before the programme.