# STRATEGIC LEADERSHIP COURSE Successful Business Principles Registration Form

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| Contact Information | |
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| Name/ Company Position |  |
| Street Address |  |
| Company Name |  |
| Company Address |  |
| Home Phone |  |
| Work Phone |  |
| E-Mail Address |  |

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| Seminar to attend: | | |
| Strategic Leadership Course  3-7 September, 2012  Coral Beach Best Western Hotel, Msasani | | |
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| Payment Selection | | |
| US Dollars | | |
|  |
| Tanzania Shillings |
| Use 1,600 TSH/USD as exchange rate |
| Payment Amount Selection | | |
|  | |
| $500.00 Fee to be paid by 20 August 2012.  Note: Additional participants from same company $500.00 per additional participant | |

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| Agreement and Signature | |
| By submitting this application, I affirm that the facts set forth in it are true and complete. Due to limited spaces available, I understand that if I am accepted as a participant, the Course(s) payment will be due as stated above. | |
|  | |
| Name (printed) |  |
| Signature |  |
| Date |  |
| Mail to: P.O. Box 105609 Msasani, Dar es Salaam, TZ , or email to: [map.finadv.tz@gmail.com](mailto:map.finadv.tz@gmail.com)  Thank you for completing this application form and for your interest in participating with us. | | |