



CRYSTAL ACADEMY OF MANAGEMENT APPLICATION FORM

PARTICIPANTS INFORMATION

FIRST NAME:.....

SURNAME:.....

DESIGNATION:

HIGHEST QUALIFICATIONS:.....

CELL PHONE NO:.....

WRK PHONE NO:.....

FAX NO:.....

EMAIL ADDRESS:.....

BILLING INFORMATION

ORGANISATIONAL NAME:.....

NAME OF SUPERVISOR:.....

SIGNATURE OF SUPERVISOR:.....

SUPERVISOR'S CONTACT NO:.....

FAX NO:.....

BILLING ADDRESS:.....

MARKETING INFORMATION

HOW DID YOU KNOW ABOUT US?.....

COURSE INFORMATION

COURSE TITLE:.....

COURSE DATES:.....

VENUE:.....

POST TO: THE DIRECTOR OF OPERATIONS, CRYSTAL ACADEMY OF MANAGEMENT,

P O Box 501410 Gaborone OR Scan and email to: crystalacademy@rocketmail.com

CALL: 3931722 OR 75249585