**CLASSYRIGHT BUSINESS CONSULTANCY (PVT) LTD**

 **759 St Andrews Close, Hatfield, Harare Cell 0772 238 183 / 0774 072 745**

REGISTRATION FORM

Program Date: ……………………………………………..

Program Title: …………………………………………………………………………………. Code ………………..

Venue : ……………………………………………………………………………Harare

**Course fee : USD……………**

❏ Dr. ❏ Mr. ❏ Mrs. ❏ Ms. ❏ Miss

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: ❏ Home ❏ Business

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City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

METHOD OF PAYMENT:

❏ Cash ❏ RTGS / Internal Transfer ❏ Ecocash

Banking Details

Account name : Classyright Business Consultancy

Bank : Barclays Bank

Account number: 2186 1000168

Branch : Msasa

NB. Kindly email proof of payment to: training@classyrightl.com / Call 077 2 238 183 – I. Machabe

Any cancellation of booking should be done 3 days before the seminar for a refund to be given