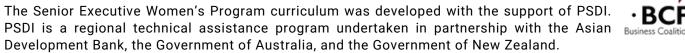
## **Business Coalition for Women**

T: +675 3212245 M: +675 7459 3108 / 77405410 E: mmckenia@pngbcfw.org

## SENIOR EXECUTIVE WOMEN PROGRAM

## **REGISTRATION FORM**





	PARTICIPANT INFORMATION										
	Last Name		Fir	st Name							
	Mailing Addr	ess	s Birth D								
				Gender							
				Age							
	Email Addres	38	Hom	ne Phone	No.		Mobil	Mobile Phone No.	lo.		
	Occupation	pation			loye	r					
	Employer's A		Emp								
					Employer's Email Address						
					ıoye	rs Email .	Addres	S			
		DADTICIDANT	C I IN	IE MANACI	D IN	FORMATION					
PARTICIPANT'S LINE MANAGER INFORMATION											
	Last Name			First Nar	n e						
	Email Addre	.ss	1	Office Ph	one	No.		Mobile P	hone No.		
	*Your line supervisor will be contacted during our post evaluation process to get feedback on the impact of the training.										
			lmp	portant infor	matio	on:					
	<ul> <li>Course fee K5,390.00 per participant</li> <li>Cohort dates (please tick which cohort you are registering for)</li> </ul>										
Cohort 17 dates : Session 1 (11&12 Mar 25), Session 2 (8 &9 Apr 25) & Session 3 (13 & 14 May 25)											
	Cohort 18	dates : Session 1 (20 & 21 May 25	sion 3 (8 8	k 9 Jul 25)							
	Cohort 19	Cohort 19 dates : Session 1 (15 & 16 Jul 25), Session 2 (12 & 13 Aug 25) & Session 3 (9 & 10 Sep 25)									
	Cohort 20	Cohort 20 dates : Session 1 (17 & 18 Sep 25), Session 2 (14 & 15 Oct 25) & Session 3 (11 & 12 Nov 25)									
	BCFW USE:										
	eived by me & Signatur	·e:				Date:					
	ments Receive	e d				Date Payr					