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| Website [www.dimensionsconsultants.org](http://www.dimensionsconsultants.org)

1. 02 March 2018, Rainbow Towers | Harare

CONFIRMATION OF PARTICIPATION FORM

PLEASE COMPLETE AND RETURN THIS FORM URGENTLY TO THE ORGANISERS

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | |  |  | | Mobile | Memory +263782704968 – Memory WhatsApp +263772166906 , Taisekwa -+263772829204 , +263772223243 | Abel +263773455236 (WhatsApp) | Landlines +2634778671/2 | |  |  | |  |  | |

***Please delete inapplicable***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| WE WILL BE EXHIBITING | | | | YES | NO |
| WE WOULD LIKE TO ADVERTISE DURING THE CONFERENCE ON SLIDES  Send me sponsorship model on email | | | | YES | NO |
| PLEASE PRINT CLEARLY | | | | | |
| **CONTACT PERSON (SURNAME & FIRST NAME)** |  | | | | |
| **ORGANISATION** |  | | | | |
| **POSITION** |  | | | | |
| **POSTAL ADDRESS** |  | | | | |
| **LANDLINE** |  | | | | |
| **MOBILE NO** |  | | | | |
| **EMAIL ADDRESS** |  | | | | |
| **No of delegates attending** |  | | | | |
| **Names of delegates attending** |  | | | | |
| **DATE** | **SIGNATURE** | | | | |
|  | |  |  | | |

Conditions

No refund for the program

1. In case of the delegate having an emergency, they can only second another delegate.
2. Dimensions will not refund no – shows during the conference

I, ………………………………………………………………………........................................................................................................................

(Print Name) Have Read And Understood All The Conditions For Participation at the Dimensions Coaching, Mentorship & Organizational Development Conference 2018.

Signature: …………………………………................................ Date: ………………………...............................……………………….

**Designation/Position …………………………………………………….**