



TRAINING PROGRAMME REGISTRATION FORM

Name:	
Surname:	
Employer:	
Employed:	<input type="checkbox"/> Yes <input type="checkbox"/> No (if no, please specify what it is that You do _____)
Position and a short description of your responsibilities:	
Department/Unit:	
Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male
Address:	
Office Phone:	
Mobile:	
Email:	
Education	a) University (if yes, which) _____ b) University Qualification and Date achieved _____ c) Other training (please write the name of the training completed, the dates and the institution you attended)
Which Programme are you registering for?	Selling Financial Services and Managing Client Relationships
Have you attended other trainings organized by the KBA?	
Comments:	
If you have any request or would like to add anything	
Thank You.	

Cancellation Policy

- In case of cancellation, the cancellation policy as follows will be applied:
 - a. Until 5 business days before the event starts – 50% of the cost will be invoiced;
 - b. 6 – 10 business days ahead - 25% of the training cost will be invoiced;