

Please fill out one form for each person please.

Business Acceleration Event – Business Growth Mastery Series 1
May 27th and 28th, 2009, Nairobi

Name: Mr. Ms

(First)

(Middle)

(Last)

Position:

Name of Business or Company:

Nature of Business:

Address: (PO Box)

(City)

(Postal Code)

(Physical Address in case of courier deliveries)

Telephone Number: (Land line)

(Zain)

(Safaricom)

(Telkom)

Fax Number:

Email address:

Have you attended a marketing seminar or *Business Acceleration Event* before? Yes No

If yes, who was the sponsor? _____ When was it held? _____

How did you hear about us? Friend Salesperson (Name: _____) Website

Newspaper (Name of Paper and date: _____)

Radio

Other _____ (State their name and/or affiliate I.D. # here): _____

Method of Payment Cash Cheque Bank Deposit Total Amount: _____

Our bank information: Alpha International Consultancy, Ltd, Account # 0101169006, Chase Bank (K)
Ltd.. Please send in the yellow copy of your confirmation of your bank deposit as soon as possible.

How do you want your name to appear on your certificate of training completion? (Print very clearly)

For Office Use Only Below This Line

Registration Packet sent? Yes Date: _____ By whom? _____
Information Returned? GPQ _____ Values _____ DiSC _____
Cheque Received _____ Cash receipt _____ VAT Receipt _____

Action Steps: 1. Email letter? _____
 2. Follow-up phone call _____ 3. Other? _____