

Print this form and bring it to our office

WORKSHOP FOR BUDDING COMPANY SECRETARIES
APPLICATION FORM

PERSONAL DETAILS

SURNAME: _____

FIRST NAME: _____

EMPLOYMENT STATUS: _____

NAME OF ORGANISATION / COMPANY: _____

POST: _____

ADDRESS: _____

TELEPHONE: _____ **E-MAIL:** _____

SIGNATURE AND DATE: _____

SPONSOR: (If different from Above)

We wish to nominate the above named person for the Workshop for Budding Company Secretaries. Accordingly, we undertake to pay his/her fee and release him from all company responsibilities for the days involved.

SIGNATURE/DATE: _____

NAME: _____

POST: _____

TELEPHONE: _____ **E-MAIL:** _____

Please find enclosed a Cheque for ₦ _____

Made payable to **Omelayole & Associates Limited.**

LIMITED NUMBER OF PLACES. FIRST COME, FIRST SERVED.

VENUE: OUR OFFICE, 46, TOWN PLANNING WAY, ILUPEJU, LAGOS (OPPOSITE ZAIN ALONG PZ GARDENS)

TIME: 9:00a.m till 5:00p.m daily.

DATE: Monday 6TH SEPTEMBER, 2010 till Tuesday 7TH SEPTEMBER, 2010 (FIRST SESSION)