

## Star Management Consultants

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### Training Registration Form

Dear Sir,

Please enroll Mr./Mrs./Ms. \_\_\_\_\_ from

\_\_\_\_\_ with designation \_\_\_\_\_

to the training Programme \_\_\_\_\_

If more than one participant

Sl.No.	Name	Designation
1		
2		
3		

Payment details:

Amount:

Cheque No. (with date):

Bank:

**Note:** Those who have registered telephonically or through mail are requested to make payments while registering themselves before the training session on Day 1.

Name

Designation

Authorized Signature  
(Affix Company Seal)