



Crystal Academy of Management

We commit ourselves towards ensuring that your organisation gets great rewards.

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CRYSTAL ACADEMY OF MANAGEMENT APPLICATION FORM

PARTICIPANTS INFORMATION

FIRST NAME:.....

SURNAME:.....

DESIGNATION:

HIGHEST QUALIFICATIONS:.....

CELL PHONE NO:.....

WRK PHONE NO:.....

FAX NO:.....

EMAIL ADDRESS:.....

BILLING INFORMATION

ORGANISATIONAL NAME:.....

NAME OF SUPERVISOR:.....

SIGNATURE OF SUPERVISOR:.....

SUPERVISOR'S CONTACT NO:.....

FAX NO:.....

BILLING ADDRESS:.....

MARKETING INFORMATION

HOW DID YOU KNOW ABOUT US?.....

.....

COURSE INFORMATION

COURSE TITLE:.....

COURSE DATES:.....

VENUE:.....

POST TO: THE DIRECTOR OF OPERATIONS, CRYSTAL ACADEMY OF MANAGEMENT,

P O Box 501410 Gaborone OR Scan and email to: crystalacademy@rocketmail.com

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