


NAMES (s) OF EMPLOYEES (s) (Surname) (First Name)	SEMINAR TITLE (abbreviate)	SEMINAR CODE

COMPANY NAME:	
ADDRESS:	
TEL. #:	FAX #:
 ADDRESS:	

NOTE !

WHERE A SEMINAR IS OFFERED MORE THAN ONCE, PLEASE INDICATE SPECIFIC DATE

<i>Executive Authorizing Booking</i>	
<i>Name:</i>	
<i>Post:</i>	
<i>Signature:</i>	

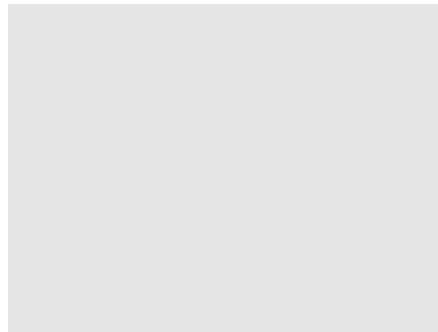



CHEQUES PAYABLE TO **BIMAP** MUST BE FORWARDED ALONG WITH THIS FORM.

PAYMENTS MAY BE MADE DURING THE HOURS OF 8:00 A.M. TO 5:00 P.M., MONDAY – FRIDAY

For Official Use Only

COMPANY STAMP
(if any)



MEMBER FEE <input type="checkbox"/>		NON-MEMBER FEE <input type="checkbox"/>	
 AMOUNT PAID _____	CASH <input type="checkbox"/>		
	CHEQUE <input type="checkbox"/>	Nº	
DATE			
RECEIPT #		CASHIER'S SIGNATURE	