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| **Seminar Title:**  |
| **SECTION 1 – PARTICIPANT(S) PERSONAL DETAILS**  |
| Last Name:  | First Name: | Title: |
| Position: | E-mail: |
| Responsibilities:  |
| Qualifications:  | Reasons of participating in this programme: |
| Last Name: | First Name: | Title: |
| Position: | E-mail:  |
| Responsibilities  |
| Qualifications:  | Reasons of participating in this programme: |
| Last Name: | First Name: | Title: |
| Position: | E-mail:  |
| Responsibilities  |
| Qualifications:  | Reasons of participating in this programme: |
| **SECTION 2: COMPANY DETAILS** |
| Authorized Representative:  | Title: |
| Company: | Position:  |
| Business Address:  |
| Tel: | Fax: | E-mail: |
| Company size Small Medium Large Please indicate the size of your company in accordance with the provisions of the Law on Control of State Aid |
| By submitting this form: I understand and accept the terms and conditions | Signature: |
| Date of Booking: |
| **SECTION 3 : PAYMENT DETAILS** |
| Number of Participants:  | Fee per participant: € | Total Net Fee: €  |
| Please indicate whom to invoice Company Individual  |
| **Terms and Conditions** An invoice will be sent upon receipt of registration form. Programmes that have been approved by the HRDA and participants who satisfy HRDA’s criteria are entitled to the subsidy. Also, for approved HRDA programmes, this form does not guarantee registration unless appropriate HRDA Forms are completed. Cancellations made within five (5) working days prior to the start date of the seminar will be liable for the full fees. Substitutions are welcome at any time without any additional charge. EIMF reserves the right to change or cancel the dates of the programme.  |