



PEOPLE SOLUTIONS

WORKSHOP REGISTRATION FORM

I Lead

Women's Leadership Program

4-8 March, 2020

Madrid, Spain

Full Name : _____ Position : _____

Name, as it should appear on certificate : _____

Name of Company : _____ Country : _____

Full Address : _____

Tel. #: - _____ Mobile#: _____ Email: _____

1. **HOTEL ACCOMMODATION BED & BREAKFAST- (please tick ✓)**

Room Type = Smoking Non-smoking

Single (one person) Double / Twin (2 persons)

Special Food: _____

2. **FLIGHT DETAILS.**

Arrival Date : _____ Flight No. : _____ Arrival Time : _____

Departure Date : _____ Flight No. : _____ Departure Time : _____

Visa Required ? : Yes No (if visa is required, please contact us to send you an invitation).

Airport Pick-up ? : Yes No (\$35 USD per person, each way)

3. **Payment mode.**

Cheque: Company name : MCA sarl

Cash

Bank Transfer:

Swift: BLOMLBBX

IBAN: LB15001400003102304166241718

Account: MCA SARL

Bank: BLOM

Branch : Ain El Mreisseh, Beirut, Lebanon.

Delegate Signature : _____ Date : _____

Manager Signature : _____ Date : _____