

BOOKING FORM

Please complete in BLOCK CAPITALS and return to the address given below

Full payment is required in order to secure a place. **Closing date for registrations is two weeks before course start date.**

I wish to reserve a place at the:

(Course Name) **(Course Date)** *(Complete as appropriate)*

(Course Name) **(Course Date)** *(Complete as appropriate)*

(Course Name) **(Course Date)** *(Complete as appropriate)*

(Course Name) **(Course Date)** *(Complete as appropriate)*

(Course Name) **(Course Date)** *(Complete as appropriate)*

Name:

Address:
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Contact telephone number(s):..... E-mail:.....

Job title: (If Applicable) Company name.....
(If Applicable)

What would you like to achieve as a result of attending your chosen programme(s)

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PAYMENT

**Please indicate below how you wish to pay
(Delete as appropriate)**

Pay to ODERA Consulting, Zenith Bank Account No: 6010635143.

Once payment is made, kindly send a text message to 0819512246/7, confirming payee name, course title, branch paid, amount and date so that we can quickly trace your payment and apply it to you. A receipt and confirmation of reserved place will be sent to you immediately afterwards. If you do not receive these within 24 hours of payment, please alert us immediately by phone or email.

OR

I enclose a cheque for N_____ made payable to ODERA Consulting. (Please allow 4 clear working days before commencement of course).

Signature.....

Date:

ODERA CONSULTING, 35 Creek Road Apapa Lagos. Attention: **Nike Odunlami**