



# REGISTRATION FORM

## TRANSPORT FLEET MANAGERS' WORKSHOP 2016

### Attendees

Names of Participants	Job Titles	CILT Membership
(1).....	.....	Yes ( ) No ( )
(2).....	.....	Yes ( ) No ( )
(3).....	.....	Yes ( ) No ( )
(4).....	.....	Yes ( ) No ( )
(5).....	.....	Yes ( ) No ( )

### Name/Organization Information

Name: ..... Address.....

Telephone #:..... E - mail:.....

Name of Person making Registration:.....

Job Title..... Signature ..... Date:.....

### Tick Event You Plan to Attend

**1<sup>st</sup> Event** 22-23, September, 2016 ( ) **2<sup>nd</sup> Event** 28-29, September, 2016 ( ) **3<sup>rd</sup> Event** 12-13, October, 2016 ( )

### Method of Payment (Tick)

Cheque ( )      Cash ( )      **Sponsorship Status:** Self ( )      Organization ( )

Payment is made to:

Account Name: **The Chartered Institute of Logistics and Transport**  
 A/C No.: **0100100609600**  
 Bank: **Standard Chartered Bank**  
 Branch: **High Street**

### Important Information:

The cost of the programme includes all Training Materials, Fleet Tools, Certificates, Lunch, Snack and Online Enforcement.  
**Enquiries?:** Please call **Patrick** on **0244-588149** or **Frank** on **0202-645751** or **0302-939483** or email **ciltghevents@gmail.com**