

## 1. COMPANY / ORGANIZATION

**Companies Denomination:** \_\_\_\_\_

B.P. \_\_\_\_\_ City: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ website: \_\_\_\_\_

Geographic Adresse: \_\_\_\_\_

**Name and First Name of the Manager of the Company:** \_\_\_\_\_

Fonction: \_\_\_\_\_ Tel: \_\_\_\_\_ Personal Email: \_\_\_\_\_

Name of the person to contact in your company for the payment of our invoice

Fonction: \_\_\_\_\_ Tel: \_\_\_\_\_ Personal Email: \_\_\_\_\_

## 2. TITLE OF THE SEMINAR OR TRAINING COURSE

We wish to register at the following seminar, the Persons designated bellow

**THEME: The Legal Environment For Companies In Africa.**

Yaoundé - From 22 to 25 Novembre 2017 and From 06 to 09 Décembre 2017 at l'Hôtel TOU'NGOU - Yaoundé - Carrefour Etoa-Eki.

Returning to the attention of Ets GLSD - Directed by Mr SANGANG TCHOUKEU Yannick Sédrique, Lawyer and Certified

Pedagogical Animator SCP Germany Tél: 696 068 889

## 3. INFORMATIONS OF REGISTERED PARTICIPANTS

	Name and Surname <sup>(a)</sup>	Function	Email <sup>(b)</sup>	Tel <sup>(c)</sup>	Selected Session	Amount
1						
2						
3						
4						
5						
(a) Please write the names exactly as they should appear on the participation badge					<b>Total</b>	
(b) Please include participants' emails for receiving working papers before training					<b>Reduction <sup>(d)</sup></b>	
(c) The number is necessary to contact the participant the day before the seminar for reminder, description of the training venue, etc.					<b>Total :</b>	
(d) Reduction for multiple registration: see scale in article 4 of our general conditions of sale						

**ACCOMMODATION** (if it takes place) 45.000 Fcfa x.....Nuitées

**Note :** not mentioned if included in training fees. Read our Terms of Reference, participation fees

What are your expectations from this training? \_\_\_\_\_

## 4. REGISTRATION PROCEDURES :

- Please return this **completed, signed and sealed** form by one of the following means:
- By Email to l'adresse : [cabinet\\_glsd@yahoo.fr](mailto:cabinet_glsd@yahoo.fr)
- At the secretariat of our office: Clinical building Bastos, behind the Nkol-Eton High School, B.P. 0711 Yaoundé - Tel: 696 068 889/690 871 424
- You can also give this signed card to our correspondents

## 5. MODE OF PAYMENT

☐ Deposit / Bank Transfer ☐ Cash ☐ Money Transfer

Dès réception de ce bulletin de souscription, une facture et les coordonnées bancaires et/ou les informations de paiement vous seront adressées.

## 6. MODALITIES OF PAYMENT

100% released before the start of the session. Either 10 days before the training.

Done at \_\_\_\_\_  
The : \_\_\_\_\_

**Good for Registration**

Nom et signature du 1<sup>er</sup> responsable de l'entreprise

Company stamp :

**DEADLINE FOR REGISTRATION NOT LATER THAN 10 DAYS BEFORE THE START OF THE SESSION:**

**NOTE:** This newsletter is an irrevocable purchase order once signed by the subscriber. Any cancellation occurring less than 10 days before the start of the training is null and void on the claim of the organizer of the training. The same conditions apply to absences on the day of the training. However, you have the possibility to have you replaced by the person of your choice subject to inform us 72 hours at least in advance. The signatory expressly declares to have read and approved without reserve the general conditions of sale of the formations appearing on the back of this registration form.

**CONTACTS POUR INSCRIPTION :** Tél (+237) 696 06 88 89 Email : [cabinet\\_glsd@yahoo.fr](mailto:cabinet_glsd@yahoo.fr) Site : [www.glsd@yahoo.org](http://www.glsd@yahoo.org)