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Training Course On “Effective Selling Skills”

March 06 -10 , 2010 (02:30 p.m. – 06:00 p.m.)

Course Fee : Tk. 3,000/- for DCCI Member
Tk. 3,500/- for Non-Member

REGISTRATION FORM

Sl. No.- _____ **Date:** _____

1. Name of Participant _____

2. Name of Organisation _____
DCCI Membership No.(if any) _____

3. Designation _____

4. Nature of Business _____

5. Academic Qualification (attach last certificate) _____

6. Working Experience (in years) _____

7. Contact Address _____

8. Tel. No. Office _____ Res. _____ Mobile _____
Fax: _____ E-mail _____

9. Cash / Pay Order / DD No. _____ dt. _____
of TK. _____ (In words _____)
in favour of “ **Dhaka Chamber of Commerce & Industry** ” is enclosed.

Date : _____ Signature of Applicant Seal & Signature of Nominating Authority

For official use only

Date: _____ Course Coordinator _____ Executive Director _____