



REPLY FORM

Please fax back to 759-6690 Attention to: Ms. Kamyrr Catapang or email kamyrr.catapang@eccp.com

NEGOTIATION SKILLS WORKSHOP

30-31 January 2018 | 9am-5pm | Holiday Inn & Suites Makati

Company Name: _____
 Complete Address: _____
 Company TIN: _____
 Contact Person (person to whom invoice will be addressed): _____
 E-mail: _____
 Telephone no.: _____ Fax no.: _____

This is to confirm attendance of the following participants:

A. ATTENDEES

	Participant	Nickname	Title	Email
1				
2				
3				

B. PAYMENT SCHEME

B.1 Seminar Fee per Participant

ECCP Members - PHP 17,000
 Non-members - PHP 18,000

Includes coffee breaks, lunches, seminar materials and certificate of attendance

B.2 Payment (check payable to European Chamber of Commerce of the Philippines, Inc.)

Check for pick-up
 Date : _____
 Time : _____
 Contact Person : _____
 On the Seminar Date

In the event of no-show or confirmation cancellation, a fee shall be charged if no advice is given 3 working days prior to the seminar date.

C. Consent

By registering to this event, you allow ECCP to use your personal information that you provided to contact you for updates on our events and future activities.

Head Office

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