

2007 Registration Form

Performance Beyond Borders

Please print clearly

Name, First Name

Title

Organization

Mailing Address

Zip code, City

Country

Work phone

Home phone

Fax

E-mail

Please register me in the following course(s):

Course 1 Title:

Date:

Course 2 Title:

Dates:

**Accommodation and evening meals not included.
Recommended hotels and booking information: Page 08.**

Payment:

Total fee now SFr. 400.– deposit only
(final payment due 30 days prior to arrival)

Method of Payment:

Money transfer to UBS Switzerland
Swift Code: UBSWCHZH80A
Clearing No: 0257
IBAN No: CH 44 0025 7257 6094 7901 V
Account No: 257-609479.01 V, «van den Bergh Thiagi Ass.
GmbH» / c/o Samuel van den Bergh
Dättlikonstrasse 2, CH-8413 Neftenbach
Switzerland

Mail or fax the registration form to:

van den Bergh Thiagi
Associates GmbH
c/o Mrs Nadya Misteli
Erlistrasse 321
CH-8454 Buchberg
Switzerland
Phone: ++41 44 867 10 74
Fax: ++41 44 867 10 75

E-mail:
info@diversityandinclusion.net

Website:
www.diversityandinclusion.net

Credit Card: MasterCard Visa

Cardholder's name:

Card no:

Expiry date:

Date:

Signature: