SOLOMON ISLANDS SENIOR EXECUTIVE WOMEN IN LEADERSHIP PROGRAM

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REGISTRATION FORM

16,18,23 & 25 July 2024. Heritage Park Hotel

Participant Information				
Last Name	First Name		Email Address	_
Mailing Address	Birth Date		Age	_
	Gender		Job Position	_
Employer	Occupation		Job Title	_
Employer Ph no	Mobile No		Work Phone	-
Employer Address				
Employer Email				
Participants Line Manager/Supervisor Inf	ormation			
Last Name	First Name			
Email Address				
Mobile No	Work I Holle_		am self-employed/self-funded	
Registration Fees/Payment Details and P		Not Арріісавіе. Га	iiii seir-enipioyed/seir-tunded	
Training fee per person: ISIA, SIWIBA & SICCI Member – SBD \$6,800 [please tick relevant rate] Please complete one form per participant. Your registration fee includes admission to Please let us know if you have any accessit Payments accepted: Cheque, Cash or Direct *Payment and Withdrawal Policy – Our payment refunds granted for withdrawals after this date. necessary, and refunds will be exclusively procest weeks of receipt, subject to a standard deduction these guidelines for smooth processing of refun How did you hear about the training? (Please tides of media (e.g., Facebook, LinkedIN) Email Word of mouth Referral from a colleague or friend Other (please specify)	the SI Senior Executive Women bility needs or special dietary red to Deposit/Bank to Bank Transfe and refund policies entail that a Fo request a refund, a written subsed if the request is received ben of SBD1500 applicable to both ds. For any queries or assistance	puirements. Il payments must be comulamission to the Institute efore COB on July 5th, 20 in Non-members and Member, feel free to contact us Eligibility Criteria Mid to Senior Level Mato senior level manage organization with a mir Availability: Applicants days of the course.	pleted by June 30, 2024, with no of Accountants Solomon Islands is 024. Refunds will be issued within two obers. It's imperative to adhere to	
Evaluation and Monitoring				
As part of our commitment to ensuring the effect of the training. The purpose of these surveys is to information gathered from these surveys will be approximately six months after the completion of interviews aim to gather feedback on the applicat [] I agree to participate in the surveys and foll Employer Endorsement (For employed re-	o assess the participants' knowled used to improve future iterations if the course, participants and the cion of the acquired knowledge a ow-up interviews. [please tick to	edge, skills, and satisfacti s of the training and meas eir employers may be invi and skills in the workplace o indicate your willingness	ion with the course content and delivery. The sure the impact of the program. Additionally, ted to participate in follow-up interviews. These.	
I	of	hereby	provide my endorsement and	
consent for	_ as her employer to participate	e in the Senior Executive \	Vomen in Business Training.	
Signature				