**IGPMS**
INSTITUTE OF GRANT & PROJECT MANAGEMENT STUDIES
*Transforming Success to Significance*

CORPORATE TRAINING ENROLMENT

# CORPORATE REGISTRATION FORM

**For organisations booking group or in-house training | Fields marked * are required**

All data collected by IGPMS is treated as strictly confidential and is used solely for correspondence and to make an informed decision in relation to this application. It will not be disclosed to any person not authorized by IGPMS or who has not signed a Data Collection Confidentiality Agreement.

## 1 BASIC INFORMATION

**Full Name** *

**Job Title / Position** *

**Company Name** *

**Industry** *

## 2 CONTACT INFORMATION

**Email Address (business preferred)** *

**Phone Number** *

**Company Website** *

## 3 COURSE-SPECIFIC INFORMATION

**Preferred Session Month(s)** *

Tick all that apply. If multiple sessions run in the year, select every suitable month.

- ☐ January
- ☐ February
- ☐ March
- ☐ April
- ☐ May
- ☐ June
- ☐ July
- ☐ August
- ☐ September
- ☐ October
- ☐ November
- ☐ December

**Other (specify month/date)**

# CORPORATE REGISTRATION FORM

**Continued | Fields marked * are required**

**Course Preferred** *

Select a course...

**Experience Level in Course Subject** *

Beginner (1) through Advanced Level (5)

- 1 - Beginner
- 2
- 3
- 4
- 5 - Advanced

## 4 COMPANY INFORMATION

**Number of Employees (company-wide)** *

**Location / Headquarters** *

**How many employees would you wish to take this training?** *

- Between 2 to 5
- Between 6 to 10
- Between 11 to 15
- Above 15

**Business Challenges (related to the course topic)**

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**Continued | Fields marked * are required**

## 5 PURPOSE OF ENROLMENT

**Why are you attending this course? ***
e.g. skills enhancement, career advancement, company initiative

## 6 REFERRAL INFORMATION

**How did you hear about us? ***

**Referred By (if applicable)**

**Marketing Opt-in ***
I would like to receive updates on future IGPMS courses.

- ○ Yes, I agree
- ○ No, I disagree

## 7 DECLARATION & SIGNATURE

I confirm that the details above are accurate and given on behalf of the organisation named in this form, and I authorise IGPMS to contact us regarding this registration.

**Authorised Signature**

**Date**

**Thank you for choosing IGPMS as your trusted mentor and coach**
as your organisation transforms SUCCESS to SIGNIFICANCE.