

Participants Registration Form for Training

Training Name	
Participant's Name	
Designation	
Department	
Contact No.	
Mailing Address	

Real Solutions Pvt.Ltd is committed to protecting the personal information of our participants. The information collected on the registration form will be used to create participant list and to find out the expectation of the participant and esteemed organization.

Please fill the gap as per the Expectation of the Organization and Participants

Participants Expectations	Organization's Expectation

Organization's name :
Authorized Signature of Officials :
Date :
Facilitator : **Real Solutions Pvt.Ltd**

Note: Please print this form, fill it, scan it and send us this form for confirmation of your nominations. Once you send nomination, it cannot be cancelled.

Thank you for completing the form!