



International Business Effectiveness Workshop

Only complete this form if you have a confirmed booking on a programme at Farnham Castle

Delegate Details					
Title	Mr	Mrs	Ms	Other	
Family Name					
First Name(s)					
Date of Birth	Day		Month		Year
Nationality					
Home Address					
City					
Postcode					Country
Telephone	Home				Work
	Mobile				
Email					
Job Title					
Job Function (include regional responsibility)					
International Experience					
Please detail your experience with the target culture/country (business trips/meetings/holidays etc)					
Please detail previous expatriate/international assignments to other countries (country/date)					
Please give details of the countries you are/expect to be working with					

Important

Please read and sign below.

The information you give in this form will be used solely for the purpose of providing this specific training programme. We will need to pass on relevant information to the trainers so that appropriate content can be prepared. Your personal details will not be given to any third parties without your consent other than as stated above.

I agree that Farnham Castle may use data as stated above.

Signed	
Date	

**If you have any questions regarding this form
please call us on +44 (0)1252 720 415**

**Please return this form to Customer Services:
customerservices@farnhamcastle.com or by fax +44 (0)1252 719277**