



THE INSTITUTE OF CHARTERED MEDIATORS AND CONCILIATORS (ICMC)

PRE - REGISTRATION FORM

NAME: _____

ADDRESS: _____

TELEPHONE/FAX _____

EMAIL: _____

I am interested in, and would like to participate in the Accreditation and Certification Training course.

I wish to receive further information on the above via my email address above.

Signature

Date

<http://www.icmcng.com> | info@icmcng.com