



CONFIANZYS
360° Product Management

PRODUCT MANAGEMENT TRAINING REGISTRATION FORM

1) Name: _____

2) Address: _____

4) Company: _____

5) Title: _____

7) Contact Number / Email: _____

8) Amount: _____

9) DD No/Date.: _____

NAME IN CAPITAL LETTERS:

AUTHORIZED SIGNATURE:

SEAL (FOR CORPORATE ORGANIZATIONS):

DATE: