

2015 BOOKING FORM

Please fill in and mail to info@balancedscorecard.co.ke

Contact Name:

Position title:

Organisation:

Section/Dept:

Email:

Phone number(s):

No. of participants:

Describe a little about
who these
participants are:
(e.g. their roles,
challenges, goals)

Preferred dates:
(please provide 3
options)

1.

2.

3.

Preferred location:

Quote required?

yes no

Anything else?

