FISTOLAS LIMITED
Human Performance Technology Consultants

ENROLMENT FORM

To be completed by individuals requesting for training classes enrolment and also by organizations requesting for enrollment for a group of employees of 8 participants and above. Please provide the following detail:

1. Number of participants _____
   (Please attach list)
2. Course Name _____Course Code _____
3. Number of classes required _____
4. Date(s) required_____
5. Organization _____
6. Contact person _____
7. Contact person's address /e-mail
   _____
   _____
8. Contact Telephone _____
9. Billing Address:
   _____
   _____
10. Method of payment *(please circle as appropriate)*

☐ Cheque ☐ Bank Transfer ☐ Bank Draft

Name of sponsor _____ Signature _____ Date_____

(Please seal or use official stamp)

Please return completed form to by email to info@fistolaslimited.com
You can also call the following mobile numbers for more information:
Nigeria: +234 8038350431
Canada: +15875806440

…..utilizing our wealth of experience in Training and Development to provide cost effective and efficient intervention to performance problems