

## Course Registration Form

Name:	
Co-operative name:	
Designation:	
E-mail address:	
Telephone:	

**Please register me for the following course(s):-**

<u>Course Name</u>	<u>Date</u>	
Audit Committee/ Remuneration Committee	4 July 2009	<input type="checkbox"/>
Board Independence	15 August 2009	<input type="checkbox"/>
Interpersonal Communications	8, 10 September 2009	<input type="checkbox"/>
Finance for Non-Finance Professionals	22, 24, 26 September 2009	<input type="checkbox"/>
Developing Effective Marketing Strategies	13, 15 October 2009	<input type="checkbox"/>
Leadership with Mentoring	19, 21, 23 January 2010	<input type="checkbox"/>
Power Writing Skills for Executives & Managers	2, 4, 6 February 2010	<input type="checkbox"/>
Effective Communications for Better Workplace Efficiency	23, 25, 27 March 2010	<input type="checkbox"/>