

Registration Form (Pearson Clinical Assessment Workshop)

Workshop Name:- _____ **Workshop Date:-** _____

Location: (Mumbai/Pune):- _____

Full Name: - (Mr./Mrs./Ms.) _____

Qualification: - _____ **Profession: -** _____ **Age:-** _____

Working /Self Employed:- _____

Organization Name: - _____

ContactAddress:- _____

Landline:- _____ **Mobile:-** _____ **Email:-** _____

Expectations about the workshop: _____

Note:-

1. Payment to be made in cash or DD/Cheque favoring “**Academy for Counseling and Education Pvt. Ltd.**” payable at Mumbai/Pune
2. Workshop Fee is non-refundable
3. Seats once booked cannot be cancelled and is not transferable
4. Confirmation will be emailed upon receipt of this form & payment
5. Registration form along with fees should be sent to the below mentioned address.

Mumbai	Pune
ACE Resource Center 501, Devavrata, Sector - 17, Vashi, Navi Mumbai, Maharashtra – 400703	ACE Resource Center Apartment No.1, 1st floor, Butte Patil Plaza, Above Cotton King, Nal Stop, Erandwane, Pune, Maharashtra - 411004.

I hereby agree to the above terms and conditions and confirm my participation for the workshop. Please accept the payment towards the workshop fees of Rs. _____

Participants Signature