



Intercultural Training Workshop

Only complete this form if you have a confirmed booking on a course at Farnham Castle

Sponsor Details

Programme		Date(s)	
Company			
Contact Name			
Tel			
Email			

Delegate Details

Title	Mr		Mrs		Ms		Other	
Family Name								
First Name(s)								
Date of Birth	Day		Month		Year			
Nationality					Mother Tongue			
Other languages spoken								
Home Address								
City								
Postcode					Country			
Telephone	Home					Work		
	Mobile							
Email								

Job Title

Please briefly describe your job function

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International Experience - Please detail your relevant international experience

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Describe briefly the situations at work in which you come into contact with colleagues/clients from other cultures.

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Registration Form

Important

Please read and sign below.

The information you give in this form will be used solely for the purpose of providing this specific training programme. We will need to pass on relevant information to the trainers so that appropriate content can be prepared. Your personal details will not be given to any third parties without your consent other than as stated above.

I agree that Farnham Castle may use data as stated above.

Signed	
Date	

**If you have any questions regarding this form
please call us on +44 (0)1252 720 415**

**Please return this form to Customer Services:
customerservices@farnhamcastle.com
or by fax +44 (0)1252 719277**



FARNHAM CASTLE
INTERNATIONAL BRIEFING &
CONFERENCE CENTRE