



**REGISTRATION FORM**

HR House, No 43, Vijaya Kumaratunga Mawatha, Narahenpita, Colombo 05  
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*(To be completed by the Sponsor/Applicant and send via Email or Fax.)*

**Title of Programme/Seminar** : **IPM CERTIFICATE COURSE IN SUPERVISORY MANAGEMENT**  
**Venue** : IPM, No 43, Vijaya Kumaratunga Mawatha, Narahenpita, Colombo 05  
**Dates of the Programme** : 20<sup>th</sup> October, 03<sup>rd</sup>, 10<sup>th</sup>, 17<sup>th</sup> & 24<sup>th</sup> November 2008 (five days)  
**Seminar Fee** : Rs 15,000.00 + 15% of VAT = Rs. 17,250.00 per participant

**Details of the Organisation**

**Name of Organisation** : .....  
**Address** : .....  
: .....  
: .....  
**Telephone No.** : ..... **Fax No:** .....  
**Contact Person** : ..... **Designation:** .....  
**Email Address** : .....

**Details of the Participant(s)**

<u>Name of the participant</u>	<u>Designation</u>	<u>Email Address</u>
Mr./Ms.....	.....	.....
Mr/Ms.....	.....	.....
Mr/Ms.....	.....	.....
Mr/Ms.....	.....	.....

.....  
**Signature/Rubber Stamp  
Of the Organisation**

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and cross **”A/C Payee Only”**. If you need a **Tax Invoice** please indicate your **VAT Registration  
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