

Business Skills for Chemists

Registration Form

Name:

E-mail address:

Course / Year:

What are the main skills that you wish to gain by participating in this course?

This *extra-curricular* module will run from **1330 to 1730 on five consecutive Wednesday afternoons from February 22nd to March 21st**. Please ensure that you are available for the entirety of these sessions to fully participate in the course.

Signature

Date

Please return this completed form to _____ via his pigeon hole in reception. As there are a limited number of places available on this course, registration will be on a first come first serve basis. Further information can be obtained by contacting: