



Transformational Coaching with Inner Rhythm 'Thinking the Unthinkable'

PERSONAL INFORMATION

First Name: _____ Last Name: _____

Designation: _____

Organization: _____

Address: _____

City: _____ Pin Code: _____

Country: _____

Phone: _____ Mobile no.: _____

Email id : _____

Fees details:

Cheque number : _____, Amount _____ Date: _____

Bank and branch _____, City _____



REGISTRATION POLICIES

1. Mailing Address: 15 A- Army Base Hospital Road, Channan Singh Park, Kirby Place, Delhi Cantt., New Delhi-110010.
2. To attend the course, please submit per participant the Application form either Online and Hardcopy, along with cheque or demand draft drawn in favor "Turners, New Delhi".
3. Registration fees are non-refundable.
4. Confirmation of your registration will be sent to you within ten working days of receipt of your registration and payment.

Signature:

Date: