

TENTATIVE RESERVATION FORM

1 / 1



IMD Executive
Development Services
Chemin de Bellerive 23
P.O. Box 915
CH-1001 Lausanne
Switzerland
Tel: +41 21 618 07 00
Fax: +41 21 618 07 15
info@imd.org www.imd.org

Please return this form as soon as possible to:

To tentatively enroll in one of our programs, please complete and return this form. We will immediately send you the appropriate application package, and inform you as to whether there are places available for the requested program session.

To confirm enrollment, please return the completed application package. The Program Director will evaluate the application to ensure that the program corresponds to the applicant's objectives and profile. The applicant will then receive written notice of acceptance along with an invoice. From this point, the enrollment will be considered firm by both the applicant and IMD.

Please note: IMD programs are often fully booked months in advance. To ensure your place on an IMD program, we advise you to submit your application package as early as possible.

Please print in CAPITAL LETTERS

Program to be attended: _____

Dates of session: _____

Applicant's details

Gender: Male Female

Dr/Mr/Mrs/Ms: _____
FIRST NAME MIDDLE NAME FAMILY NAME

Preferred name: _____

Job title: _____

Company name: _____

Company address: _____

Postal code: _____ City: _____ Country: _____

Direct telephone: _____ INDICATE INTERNATIONAL AND AREA CODES IN BRACKETS Central telephone: _____ INDICATE INTERNATIONAL AND AREA CODES IN BRACKETS

Direct fax: _____ INDICATE INTERNATIONAL AND AREA CODES IN BRACKETS Central fax: _____ INDICATE INTERNATIONAL AND AREA CODES IN BRACKETS

Mobile telephone: _____ INDICATE INTERNATIONAL AND AREA CODES IN BRACKETS Website: _____

E-mail: _____ IMPORTANT

If your company is a subsidiary, please give name and address of parent company:

Postal code: _____ City: _____ Country: _____

If you would like the information sent to your home address please indicate:

If you are making the reservation on behalf of a candidate, please print your details below

Dr/Mr/Mrs/Ms: _____
FIRST NAME MIDDLE NAME FAMILY NAME

Preferred name: _____

Job title: _____

Company name: _____

Company address: _____ IF DIFFERENT FROM ABOVE

Postal code: _____ City: _____ Country: _____

Direct telephone: _____ INDICATE INTERNATIONAL AND AREA CODES IN BRACKETS Central telephone: _____ INDICATE INTERNATIONAL AND AREA CODES IN BRACKETS

Direct fax: _____ INDICATE INTERNATIONAL AND AREA CODES IN BRACKETS Central fax: _____ INDICATE INTERNATIONAL AND AREA CODES IN BRACKETS

E-mail: _____ IMPORTANT

Future correspondence should be sent to: Yourself The candidate