Powerful Management, Leadership & Technology Center



# Training Program request application

## General information

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Date of Birth: | Male / Female |
| E\_mail: |  | Phone: |  |
| Position: | | |  |
| Education: | | |  |
| Company Name: Industry: | | |  |
| Company Human Resource Manager:Name and Contact Details (Phone, email, web page): | | |  |
| Training Starting Date: | | |  |
| Choose one How do you show leadership skills in the company | | | Choose an item. |

## Name of the Training Program or Workshop you are interested (Please see the detail of our training Programs & Workshops on our web page [www.pmltusa.com](http://www.pmltusa.com) or request the list info@pmltusa.com)

## Training Location

On-Site If you choose on-Site please provide the Address: -----------------------------------------------------------------------

Off-Site

## Size of the Group

Individual / Face to Face

Group If It is group Training Please provide the number of participants: -------------------------------

## Comments – Please let us know if there is any additional service we can provide for you or for the company

Signature: ----------------------------------- Date: -----------------------------------

Note: Please fill the Form and send us back on our email: [info@pmltusa.com](mailto:info@pmltusa.com)