

In-House Quotation Enquiry Form

*Contact Person :

*Designation :

*Company :

*Mailing Address :

*Postal Code :

Country :

*Telephone :

Fax :

*Email :

Details Of Enquiry

*Workshop Title :

*No. of Training Days :

*Date/Time of Training

*No. of Participants:

Minimum 15

Maximum —

*Level of Participants:

Managerial Staff _____

Middle management _____

Supervisors _____

Others _____

Others (please specify) : _____

*Objective(s) of Training : _____

Special Request (if any) : _____

*Type of Industry : _____

Others (please specify) : _____

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