**REGISTRATION FORM**

 **IMAGE ENHANCEMENT AND PERSONAL GROOMING PROGRAMME**

 **(1 DAY)**

Date

Participant’s Full Name

DOB Age Gender

Profession/Position at work (if applicable)

Telephone

Email Address

Person to contact in case of an emergency

Any special dietary needs/ Allergies?

How did you hear about us?

**Investment**

* **N50,000.00**
* **5% Discount for subsequent enrolments**

**\*\*\*\*Enrolment priority is based on the order in which Enrolment Forms and Payments are received. Please return completed form to** **info@mannersandgrace.net** **5 days before programme starts. Thank you.**

* Account Name – Manners and Grace Ltd.
* Account Number – 2030009950
* Bank – FirstBank Ltd.

 **Signature**