



Mr. Jagernath Lachmonstraat 37 - P.O.Box 9288 - Phone: (597) 403321 / 403341 - Fax: (597) 403343 - E-mail : naamcons@sr.net Paramaribo - Suriname - South America

Company Name:	
Address:	
Purchaser's Name:	Position:
Telephone:Cell:	E-mail:
I hereby authorize the enrollment	of the following person(s) in the Effective Strategic
Leadership program (ESL) Progra	am to be held at our office at J Lachmonstraat 37 starting date:
Thursday, June 15th, 2023.	
Name:	Position:
Name:	Position:
Name:	Position:
Please make the payment on our DS  Name account: LMI Suriname Account number: 04.38.790	B Bank Account:
Payment terms LMI Suriname:	
<ul> <li>refundable. If the participant is not convenient time frame.</li> <li>Payment in full ensures reservate.</li> <li>If the full payment of the program, LMI Suriname reserve.</li> </ul>	ely upon signing of the enrollment form. The (commitment) fee is non- not able to attend at the agreed upon dates he/she may attend at another ion of the participant's spot on specific dates. ram has not been received 20 business days prior to the start of the es the right to cancel the participant's spot and propose other dates. does not complete the program and chooses to redo it, an additional fee charged.
Authorized Signature	Date: