



Chartered Institute of Logistics & Transport Pakistan

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DIPLOMA IN SALES AND MARKETING MANAGEMENT

Registration Form

Name _____ S/O _____ (BLOCK LETTERS)
Organization _____
Position _____
Qualification(s) _____
Postal Address _____
Tel _____ Cell _____ Fax _____
E-Mail _____

Individual applicant

I will pay fee towards three months Diploma in Sales and Marketing Management

Signature of Applicant _____ Date: _____

Nomination of Candidate by Employer or Organization

We want to nominate following person(s) to attend the diploma:

Name of Candidate: 1) _____
2) _____
3) _____
4) _____

Signatures: _____ Stamp: _____

Our organization will pay training cost and allow him to attend the classes

Note: Please complete applicable portion only