



CAPM[®] – Certified Associate in Project Management – Certification Training

Yes, I have decided to take the CAPM[®] Certification Training

Name

First name

Private Address (ZIP/City/Street)

Phone No / Cell phone

e-mail

Birth date

Function/Job description in company

Company name

Branch

Company address (ZIP/City/Street)

Phone No / Cell phone

Invoice of Euro 2'470.- + 7.6% VAT goes to (please complete)

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I would like to attend the following proCAP-M training (please delete the others)

Basel

1-2 November and 2-3 December 2010

Geneva

19-20 October and 16-17 November 2009

5-6 July and 29-30 July 2010

Zurich

1-2 March and 29-30 March 2010

Optional: I would also like to order

E-Learning *PMBok[®] Guide 4th Edition* (Euro 400.-) special price for proCAP-M participants

How did you hear about proCAP-M / proPM-P?

Internet search Google click other _____

PMI Swiss Chapter PMI Swiss Chapter Newsletter

Location / date

Signature

P.S. Please note that this registration is only valid subject to payment verification.

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