REGISTRATION FORM

"The Mission 101 Day Hustle"- Get the Edge:

Achieve Your Goals with the Proven System

Program Date: ☐☐☐☐☐☐☐☐ ***Kindly fill with CAPITAL LETTERS***

Venue: **HOTEL GRAND, VASANT KUNJ, NEW DELHI**

First Name	Second Name	Email ID	Mobile No

DOB	/ /	Married		Divorced		Single		Widow		Partnerships		Separated	

Organization/Business_____Designation_____

Communication Address: House/flat no_____Street_____

Locality_____City:_____Sate:_____Pin_____

The biggest barrier/s for my Growth/Success/Progress/Productivity/Profit/Peace/Happiness (choose what applies)

Reason no 1. Another person: _____

Reason no. 2. Circumstances:_____

Reason no. 3. My inability to: _____

What I want from this workshop:

At work/business: _____

In relationship: _____

In finance_____

In personal life_____

Participation Fee (Per Delegate)

For 2 Days Emersion Workshop: Rs. ~~25,000~~ Rs.16, 000/- (if registered before January 4th, 2020) (Rs 4000/- non-refundable).It includes workshop, executive workbook, pen, two times snacks, tea/coffee and lunch

For 2 Days + the 101 Days of free coaching: Rs ~~1, 25,000~~/- Rs. 25,000 (if registered before January 4th, 2020) (Rs 4000/- non-refundable)

PAYMENT OPTIONS: Please indicate your payment method:

Cheque ☐ Cash ☐ Bank Transfer ☐

Bank Transfer Details:

Bank: Standard Chartered , HL wings, Pocket 4, Plot 2 Sector 11, Dwarka, New Delhi –110075

A/c No. : 52610166073 **Account Name**: AJAY BAPI GOMES **IFSC Code** : SCBL0036028

Account type: Saving **PAN No**. AIBPG9433A

Enclosed is Cheque/Cash…….for Rs..... in favour of AJAY BAPI GOMES being the participation fee for the Workshop.

Please send the fee along with nomination form to: Ajay Gomes, JE 5, C-2 (Second floor, opposite Tikona Park), Khirki Extension, Malviyanagar, New Delhi-110017, **Tel**: 09818058080 (for whatsapp) or

E-mail: ajay@ajaygomes.com **or** enmcreations@gmail.com

Disclaimer:

This is a training and development workshop for healthy people. It is not for anyone who requires any kind of medical remedy, such as, mental, emotional, psychological, physical, therapeutic treatment, by a recognized authority.

The workshop is intended ONLY to enable, educate, empower for personal development.

We do not claim to hold any kind of degree in any kind of medical field whatsoever either to diagnose or prescribe for treatment.

I have read and am fully aware of the above disclaimer and take full responsibility for my participation. Yes ☐ No ☐

Date: ___ / ___ / 2020 Signature_____