

ខន្សាស្ថាន ពាលវិទ្ធសាស្ត្រ អេស៊ីលីជា

ACLEDA INSTITUTE OF BUSINESS

The Institute for your successful professional caree

Registration Form

Traini	ng To	opic:				
	Training	Date:				
Name	:				Male □	Female □
Position	:				How long	
E-mail	:				Telephone	
Date of birth	:					
Name	:				Male □	Female □
Position	:				How long	
E-mail	:				Telephone	
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Name	:				_ Male □	Female □
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E-mail	:				Telephone	
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<u>Authoriza</u>	<u>tion</u>					
Signatory mu	ust be a	uthorized to	sign on be	ehalf of cor	ntracting organ	ization
Company	:					
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Signature	:					1

Deadline of registration: