

PARTICIPATION FORM

Please complete this form and send it to Zenon NDC Ltd at fax no. 22-664502

TRAVEL AGENCY : _____

ADDRESS : _____

e-mail ADDRESS : _____

TELEPHONE : _____ TELEFAX : _____

IATA : Yes No

COMPANY/GROUP SIZE *: Small/Medium size: Large size:

* Small/Medium size Company/Group:

- Employs less than 250 employees
- Annual Turnover less than €50.0 million
- Annual Balance sheet less than €43.0 million

CODE OF COURSE	EMPLOYEE'S NAME

For all Agents: Please deliver cheque for the amount payable to Zenon NDC Ltd on the day the seminar starts.

Manager's Name: _____

Manager's Signature: _____ Date: _____

We hereby confirm that the above information is correct and we understand that the approval of subsidy will depend on the information we provide in this application. If for any reason the HRDA does not approve the relative subsidy amount we agree to pay any balance in arrears.