



## Women in Agribusiness Leadership Program – 2018 Registration Form (Corporates)

Is your company currently a Corporate Member with WOMAG ?

- ☐ Yes  
☐ No

If No, would you like to consider Corporate Membership ?

- ☐ Yes, for the following number of employees: \_\_\_\_\_  
*Please note that membership for 2018 is 150 SGD per person, with various applicable discounts based on number of corporate members registered. More information available upon request*
- ☐ No, not interested

How many of your employees would like to attend the 2018 Leadership Program:

- ☐ 1 employee only  
☐ 3 employees  
☐ 5 employees  
☐ Other: \_\_\_\_\_ employees

I understand that registration fee of 500 SGD per person (for corporate / individual members) or 750 SGD for non-members will be payable upon successful registration to the program

- ☐ Yes

Are you happy for your office to host at least 1 session of the program (room capacity of up to 35 people required)

- ☐ Yes : for the following modules: \_\_\_\_\_  
☐ No

### **Program format:**

The program will be conducted over five 2.5 hour workshops with senior leadership coach Louise Tagliante over the following sessions (scheduled after office hours):

Module 1: Introduction to Authentic Leadership (7 March 2018)  
Module 2: Fly on the wall' mentoring (11 April 2018)  
Module 3: Understanding yourself (9 May 2018)  
Module 4: Finding your voice (6 June 2018)  
Module 5: Success Strategies (4 July 2018)

*An overview of each Module is available upon request*

Please fill in the following information for each program participant:

**Participant #1**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Company: \_\_\_\_\_

Job Title: \_\_\_\_\_

Years of Experience: \_\_\_\_\_

**Participant #2**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Company: \_\_\_\_\_

Job Title: \_\_\_\_\_

Years of Experience: \_\_\_\_\_

**Participant #3**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Company: \_\_\_\_\_

Job Title: \_\_\_\_\_

Years of Experience: \_\_\_\_\_

**Participant #4**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Company: \_\_\_\_\_

Job Title: \_\_\_\_\_

Years of Experience: \_\_\_\_\_

**Participant #5**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Company: \_\_\_\_\_

Job Title: \_\_\_\_\_

Years of Experience: \_\_\_\_\_

I accept the WOMAG Terms and Conditions. These can be found on our website  
[<https://www.womagasia.com/membership-t-c-s>]

☐ Yes

Please provide a main point of contact for your company below

Name:

Job Title:

Email:

Phone Number:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date