

"The Gift Of The Gab" Registration Form



Thank you for showing interest in "The Gift Of The Gab" Seminar. Reserve your place/s now! Our seminars fill up quickly. We encourage you to register today!!

You can [fax](#), [mail](#), or submit your registration form [online](#).

Tuition includes:

- Three 1/2 day sessions.
- Handouts
- Video and Video critique for each participant
- Participation manual
- Diploma

Tuition is charged at Fr. 2720.- per person. For registration of 3-5 people, tuition is charged at Fr. 2310.- per person. For registration of 6 people, tuition is charged at Fr. 1750.- per person. All prices are stated without MwSt.. **This is a limited enrollment class. Each seminar has a maximum of 6 participants.** All seminars are held in English. Seminar sessions are generally spread over a 3 week period. Exact dates of your seminar will be discussed with you, upon receipt of your registration. Seminars will be held at our purpose equipped seminar location in Zuerich. There are sufficient parking facilities. Specific directions will be sent with your seminar confirmation acknowledgment. If you are interested in an inhouse seminar please contact us.

Please complete the form below and submit it to us.

The Gift Of The Gab Seminar Registration Form

*Month:

- January
- April
- July
- October

- February
- May
- August
- November

- March
- June
- September
- November

*Day

- Monday
- Thursday

- Tuesday
- Friday

- Wednesday

*Year

- 2023
- 2026

- 2024

- 2025

Contact Details

*First Name:

*Last Name:

*Title: Mr. Mrs. Ms. Dr. Prof.

Job Title:

Company:

*Address:

Address2:

*City:

*Zip:

*Country:

*Work Phone:

*Email:

Participant Details

Seminar Participant 1

*First Name:

*Last Name:

*Title: Mr. Mrs. Ms. Dr. Prof.

Job Title:

Company:

*Email:

*Name
(As it should appear on diploma)

Seminar Participant 2

*First Name:

*Last Name:

*Title: Mr. Mrs. Ms. Dr. Prof.

Job Title:

Company:

*Email:

*Name

(As it should appear on diploma)

Seminar Participant 3

*First Name:

*Last Name:

*Title: Mr. Mrs. Ms. Dr. Prof.

Job Title:

Company:

*Email:

*Name

(As it should appear on diploma)

Seminar Participant 4

*First Name:

*Last Name:

*Title: Mr. Mrs. Ms. Dr. Prof.

Job Title:

Company:

*Email:

*Name

(As it should appear on diploma)

Seminar Participant 5

*First Name:

*Last Name:

*Title: Mr. Mrs. Ms. Dr. Prof.

Job Title:
Company:
*Email:
*Name
(As it should appear on diploma)

Seminar Participant 6

*First Name:
*Last Name:
*Title: Mr. Mrs. Ms. Dr. Prof.
Job Title:
Company:
*Email:
*Name
(As it should appear on diploma)

*Signature:
*Place+Date:

* Required Fields

Register by Fax:

Print and complete this [registration form](#) and fax it to the following number:

++41.1.481.89.88

Register by Mail:

Print and complete this [registration form](#) and mail it to the following address:

RESCHA AG
"THE GIFT OF THE GAB SEMINAR"
Bellariastrasse 45
CH-8038 Zuerich
Switzerland

Register by Phone:

++41.79.642.6444

Register Online:

<http://www.thegiftofthegab.com/#register>