

# Trainers Network

*A Resource for Facilitators of Learning Ltd.*

## MEMBERSHIP REGISTRATION FORM 2010

Surname: ..... First Name(s).....

Home Address: ..... Telephone: .....

..... Mobile No: .....

..... E-mail: .....

Organisation: .....

Work Address: ..... Work phone: .....

..... Fax: .....

..... Email: .....

Job title: ..... No. of years in training role: .....

Signature: ..... Date:.....

Membership Fee for **€75.00** Enclosed      **Yes**       **No**

Please Invoice My Company Y/N      **Yes**       **No**

Purchase Order No: \_\_\_\_\_

ILM membership special Trainers Network rate of **€ 97.00** (Normal Rate €189.00)      **Yes**       **No**

ILM will contact you directly when we receive your registration.

### **Please Return completed form by Post To:**

Trainers Network  
C/o Calmar International Ltd.  
62 Rossmore Lawn, Templeogue  
Dublin 6W, Ireland.  
Tel: 353 -1- 490 7168

Email: [info@trainersnetwork.ie](mailto:info@trainersnetwork.ie)

Web: [www.trainersnetwork.ie](http://www.trainersnetwork.ie)