

EFQM Open Door Days - Registration Form

Please complete and return this form to: membership@efqm.org

About You

Full Name:	
Organisation:	
Function:	
Email Address:	
Mobile Number:	
Member/ Non Member	

Will you be attending the EFQM Open Door Day?

		Please Tick
Yes, I will be attending myself		
Yes, I will be attending with colleagues (please give details below)		
No, but please keep me informed of future dates for this meeting		
Additional Attendees:		
Name	Position	Email:
		Phone:
Name	Position	Email:
		Phone:
Name	Position	Email:
		Phone:

What date are you interested in?

	Please Tick
21 st February 2017	
25 th April 2017	
20 th June 2017	
17 th October 2017	

What would you like to get out of the event?

	Please Tick
Understand more about becoming a member of EFQM	
Understand more about the EFQM Excellence Model in general	
Understand more about the services available from EFQM	
Other Interests:	

I found out about this event through:

	Please Tick
EFQM Website	
EFQM Newsletter	
EFQM Emailing	
Invitation from EFQM staff member	
Referral from a colleague / friend	
Other (please specify)	

Dear Sir, Madam,

Thank you for your interest in our services. May we please ask you to fill in the details below in order to get a better understanding of your needs and expectations?

As the organisation of this event requires a lot of time and effort, we would appreciate it very much if you could inform us in case you are not able to attend after registration. Thank you in advance.

We are very much looking forward to meeting you.

Best wishes,

The EFQM Team

Further Information	
Company background	
Did you or your company work with EFQM Model before?	
What motivated you to attend the Open Doors Day?	
Any specific interest?	
<i>Model/ Model implementation/ Assessment, Training, Recognition / EFQM Community/ etc...</i>	
Is your Organisation interested in EFQM Membership?	Please Tick
YES	<input type="checkbox"/>
NO	<input type="checkbox"/>
POSSIBLY	<input type="checkbox"/>
Other relevant information?	