



**Groupe ESC PAU - France
IMP Registration Form
English Speaking Programme **

Fall Session - 2011

Name & First Name: _____ **Email:** _____

Date of birth (day/month/year): _____ Place of birth (city/country): _____

Home institution: _____ Name of your local coordinator: _____

| Module | Credits | Course Hours | Course Choice |
|--|---------|--------------|--------------------------|
| International Marketing: A Multicultural Perspective | 2,5 | 15 | <input type="checkbox"/> |
| Customer-Centric Organisation | 2,5 | 15 | <input type="checkbox"/> |
| Managing Innovation Processes | 2,5 | 15 | <input type="checkbox"/> |
| Emergent Business Trends | 2,5 | 15 | <input type="checkbox"/> |
| International Business Strategies | 5 | 30 | <input type="checkbox"/> |
| Impact of Business Cycles on Strategy | 5 | 30 | <input type="checkbox"/> |
| Comparative Business Law & Ethics | 5 | 30 | <input type="checkbox"/> |
| International Financial Markets | 5 | 30 | <input type="checkbox"/> |
| French for Beginners (<i>please complete the appropriate form</i>) | 5 | 30 | <input type="checkbox"/> |

Date and Signature of your local coordinator:

Stamp of your institution:

To be returned by **July 1st**, to:

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