

THE PURCHASING WORKSHOP

A STRATEGIC APPROACH TO PROCUREMENT CAN GIVE ORGANIZATIONS A COMPETITIVE ADVANTAGE BY MAXIMIZING BENEFITS RECEIVED IN RETURN FOR SPEND.



YOUR STAFF DEVELOPS THE ABILITY TO APPLY THE TOTAL COST OF OWNERSHIP (TCOO) CONCEPT AND SUPPLY POSITIONING/PROCUREMENT TARGETING TECHNIQUES, DEVELOP AND IMPLEMENT APPROPRIATE SUPPLIER RELATIONSHIPS AND AGREEMENTS, EVALUATE THE MARKET ENVIRONMENT, UNDERSTAND THE NEED FOR MARKET INTELLIGENCE AND RECOGNIZE THE WIDE RANGE OF PRICING APPROACHES EMPLOYED BY SUPPLIERS.

THEY ALSO BECOME AWARE OF SUPPLIERS' PERCEPTIONS AND THE CONCEPT OF THE SUPPLIER'S "KEY ACCOUNT MANAGEMENT" AND THE NEED TO DEVELOP THEIR APPROACH IN ORDER TO MANAGE INTER-FUNCTIONAL RELATIONSHIPS WITH INTERNAL CUSTOMERS.

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STRATEGIC PROCUREMENT SKILLS:

ALL SENIOR AND EXPERIENCED
PROCUREMENT SHOULD HAVE:

- THE ABILITY TO IDENTIFY PRACTICAL WAYS TO ADD VALUE TO THE BUSINESS
- THE SKILLS TO DEVELOP SOUND PROCUREMENT STRATEGIES AND TACTICAL ALTERNATIVES
- THE KNOWLEDGE TO DEVELOP AND OPERATE VENDOR BASE MANAGEMENT AND SUPPLIER DEVELOPMENT SYSTEMS
- THE ABILITY TO APPLY SUSTAINABLE DEVELOPMENT PRINCIPLES TO THEIR BUSINESS

THE LEGAL BASIS:

- PROCUREMENT IN THE BAHAMAS
- RULES GOVERNING PROCUREMENT

COMMUNICATION STRATEGIES AND INFLUENCING BEHAVIOURS AND STYLES

- LEADERSHIP SKILLS
- MINIMISING AND MANAGING CONFLICT
- RELATIONSHIP ASSESSMENT PROCESSES
- HAVING SELF-CONFIDENCE AND AVOID BORDERING ARROGANCE
WORK .LIFE, BALANCE & ACHIEVEMENT
- RE-LOOK AND RETHINK YOUR GOALS
- ARE YOU ON THE RIGHT PATH
- PUT EVERYTHING INTO PERSPECTIVE

225-7186 | 677-8484 | 364-0389

THE PURCHASING WORKSHOP

☐ **Yes!** Please register me for the one-day
THE PURCHASING WORKSHOP.
Group Discounts available;

ORGANIZATION INFORMATION

Organization: _____
Address: _____
City: _____ St: _____ Zip: _____
Tele: _____ Fax: _____
Mr. _____
☐ Mr.
Approving Mgr's Name: ☐ Ms. _____
Job Title: _____
E-mail Address: _____

NAMES OF ATTENDEES (Please list additional names on a separate sheet.)

☐ Mr.
#1 Attendee's Name: ☐ Ms. _____
Job Title: _____
E-mail Address: _____
☐ Mr.
#2 Attendee's Name: ☐ Ms. _____
Job Title: _____
E-mail Address: _____

METHOD OF PAYMENT (Payment is due before the program.)

Please make checks payable to N.Y.C.O /NEW YOUNG CORPORATE ORGANIZATION, and return this form to:

Total amount due: \$ _____
☐ Check # _____ (payable to N.Y.C.O) is enclosed.
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ENROLL TODAY!



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