



REGISTRATION FORM

Date: __/__/____

Title	Last Name	First Name	Occupation
Mr/Mrs/Ms/Dr/ _____			
Company Name:			
Address:			
City	State/Province	Country	ZIP/Post Code
Telephone No.	Mobile Number	Fax No.	Email Address
Course Title:			Training Date:
Course Fee _____ (The training fee is inclusive of training materials, lunch and tea breaks)			
Sponsorship: <input type="checkbox"/> Company – Sponsored <input type="checkbox"/> Self - Sponsored			
We / I undertake to pay the participation fee on or by the date:/..... /.....			
Mode of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Bank Transfer			
Terms and Conditions			
<ol style="list-style-type: none"> 1. By registering for the training workshop, you agree to pay the specified participation and other outlined fees. 2. Registrations are transferable to delegates not yet registered. The original registrant must submit a written authorization for such a change. 3. All cancellations must be received in writing 5 Days before the scheduled course commencement date 4. Completed registration forms will be acknowledged by telephone or email upon receipt. <p>I confirm that I have read, understood, accepted and agree to be bound by the above terms and conditions and that all handout materials to be obtained by signing up for this course will be strictly for my own educational purpose only.</p> <p>Signature: _____ Date: _____</p>			
The training fee payment option:			
<ol style="list-style-type: none"> 1. Payments can be made by Cheque or Cash to: Zambia Bureau of Standards Lechwe House, Freedom Way-South End Lusaka, Zambia 	<ol style="list-style-type: none"> 2. Transfer or deposit funds to: Bank Name: Zambia National Commercial Bank Account name: Revenue Transit Account Number: 1396516300258 Branch: Lusaka Centre Swift Code: ZNCOZMLU Sort Cod: 010052 ZABS CODE: 03333902 – 00106 - 123002 Email the deposit slip 		