



Tanzania Bureau of Standards

Course Registration Form

1. Company name: _____
2. Postal Address: _____
3. Tel no.: _____ Fax no.: _____
4. Delegate Name: (as required on certificate) _____
5. Delegate Cell no: _____ Email: _____
6. Course Title: _____ Course Date: _____
7. Where did you first know about the course?
Newspaper advert TBS , Others (please specify) _____
8. Please Indicate Any Special Dietary / Medical Conditions: _____
9. Contact Person / Tel no. In The Event of Emergency _____
10. Please tick current level of subject knowledge (1 low To 5 High) 1 2 3 4 5
11. **Name and designation** of contact person (responsible for fee payment): _____

Payment: Full payment is required within 7 days of receipt of invoice:

12. **Payment Method (Please tick whichever is applicable)**

Cheque Cash

13. **SIGNATURE** _____ **DATE:** _____

(Note: A person responsible for fee payment should sign)

Cheques to be made out to TBS and sent via P. O. Box 9524 DSM
Or direct deposit to (please fax copy of deposit slip):
National Bank of Commerce (NBC) Ltd Corporate Branch (for payments in **US Dollars**)
A/c number 011 105 003 505 or,
NBC Ltd – Ubungu Branch (for payment in **Tanzanian Shillings**)
A/c number 022 101 000 542

NOTE: TBS will endeavor to ensure the course is a valuable learning experience. However we reserve the option of postponing the course and giving you the option to attend the next course. You may nominate another delegate to take your place. Cancellation should be made 5 days prior to course dates, thereafter the full fee is payable. In the event of no show you are obliged to pay the full course fee.
Contact Person:

Lusako Raphael

Ag Head, Quality Control Section, Tanzania Bureau of Standards (TBS)

Tel: +255 222 450 206 (EXT 217); Mobile: +255 713 695 552; and Facsimile: +255 222 450 959

E-mail: info@tbstz.org, lusako.raaphael@tbstz.org, or lusakor@yahoo.com

P. O. Box 9524 **DAR ES SALAAM**

Website: www.tbstz.org, www.eac-quality.net