

# GHANA STANDARDS BOARD

## QUALITY ASSURANCE DIVISION

### COURSE REGISTRATION FORM

1. Name of participant(s): \_\_\_\_\_

2. Position: \_\_\_\_\_

3. Name of organization: \_\_\_\_\_

4. Address of organization: \_\_\_\_\_

\_\_\_\_\_

5. Contacts:           Tel: \_\_\_\_\_

                          Mobile: \_\_\_\_\_

                          E-mail: \_\_\_\_\_

6. Products of organization: \_\_\_\_\_

\_\_\_\_\_

7. Indicate the course(s) being registered for:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Mode of payment:       Cash \_\_\_\_\_       or       Cheque \_\_\_\_\_

9. Receipt number (office use only): \_\_\_\_\_

10. Signature of applicant: \_\_\_\_\_       10. Date: \_\_\_\_\_

OFFICE USE