



IMED
(Institute of Management and Entrepreneurship Development)

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Ref. No.: IMED /RPC/2013/01

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IMED SHORT COURSE REGISTRATION FORM

TRAINING PROGRAM: _____

S/N	PARTICIPANT'S NAME	ORGANIZATION	ADDRESS	TELEPHONE/ MOBILE	EMAIL

PAYMENT TYPE:

CHEQUE/ CASH: _____

CURRENCY AMOUNT: (TSHS) _____

I hereby agree to the general conditions set forth in the training program, and I agree to the policies and procedures related to the training program, payment of fees and reporting to the training venue as specified in the training program. I certify that I am the person who will attend the training at the training venue and whose name and address appear on this form.

Signature: _____

Date: _____

Official Stamp: _____