GU GNBS 24 GNBS 24		UNDEAU OF STAND	DARDS	
Please mail o	Guyana Natio Flat 15 Sophia Georgetown, G Telephone: 59	nal Bureau of Standards Exhibition Complex		
Name of Contact Per	-son:			
Telephone:	Fax:	E-mail:		
Course Title:				
		Course Date: From:	To:	
		- 1		
Name of Participant	Designation	Vegetarian	Level of Staff	
 Method of Payment:				
Cheque Enclosed: (paya	able to): GUYANA NATIONAI	L BUREAU OF STANDARDS		
Cash:				
Please do not send cash in an	enclosed mail.			
Signature:				
How did you hear about this	s course?			
Invitation:	Referral:	1		
		ed to ISO 9001, ISO 14001, ISO 22	000, ISO 17025, ISO 15189, and	
□ Yes □ No. Or if any other, please indicate:				
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I consent to GNBS collecting and using the above information to register me in the seminar/course outlined and to periodically send me material on related training programmes.

CANCELLATION POLICY:

Cancellation requests received more than 7 working days before the start date of the training programme will receive a full refund of the course fee minus a \$5,000 administration fee. Cancellations requests received within the 7 working days before the start date of the course will be non-refundable. GNBS reserves the right to cancel any training programme and will, in such event, fully refund all registration fees. No liability is assumed by the organisers for changes in course dates, content, speakers of venue.

SEMINAR TRANSFER POLICY:

Registrants will be permitted one course transfer without charge, provided notification of transfer is received at lease 7 working days in advance of the course start date. Transfer requests received less than 7 working days in advance of the course start date will be assessed by an administration fee of \$5,000. Any subsequent transfer requests will be assessed an administration fee of \$5,000.

SUBSTITUTION POLICY:

Substitutions of participants will be permitted at any time prior to the start of the course. Please ensure that any substitute participants meet the pre-requisite requirements, if any, for the course.

TRAINING INFORMATION TO BE COMPLETED IF CUSTOMER IS REQUESTING TRAINING PROGRAMME;

Title of the course : ____

Objective(s) of the course: _____

Number of participants(20) is the maximium recommended): ______

Are the participants familiar with the requirements of the standard or area proposed for training? Yes \Box No \Box

Do you have copies of the standard at your organisation (photocopying of standards is not recommended)? Yes \Box No \Box

Will you provide the following for the conduct of the training programme. Please indicate with a tick on appropriate answer:

- Lap top computer Yes \Box No \Box
- Multipurpose projector Yes \Box No \Box
- Training room Yes □ No □
- Flip charts :One 🛛 🛛 Two 🗇 None 🖓
- Flip chart stands: One) [] Two [] None []
- Printed copies of manuals for each participant on receipt of a Master copy from the GNBS one (1) week prior to the conduct of the training programme_Yes \[\Box] No \[\Box]____
- Mid morning and mid afternoon snacks and lunch for the participants Yes \Box No \Box

FOR OFFICIAL USE ONLY				
Date received;	Received by:			
Date evaluated:	Evaluated by:			
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