



Ref: Open Courses, F 08

**Inspiring Change**

**Newtimes Business Solutions**

## COURSE REGISTRATION FORM

**ORGANIZATION:** \_\_\_\_\_  
**CONTACT NAME:** \_\_\_\_\_  
**TITLE:** \_\_\_\_\_  
**POSTAL ADDRESS:** \_\_\_\_\_  
**TELEPHONE:** \_\_\_\_\_  
**MOBILE:** \_\_\_\_\_  
**FAX :** \_\_\_\_\_  
**E-MAIL:** \_\_\_\_\_

Please reserve a place(s) on the course titled .....  
due on ..... for the following participant(s):

NAME	DESIGNATION
1 .	
2 .	
3 .	
4 .	
5 .	

Kindly acknowledge receipt of Kshs. \_\_\_\_\_ Cheque no. \_\_\_\_\_

Bank \_\_\_\_\_ as payment for the course.

Please note that all bookings should be accompanied by full payment. All cheques should be payable to Newtimes Business Solutions.

\_\_\_\_\_  
Signature

Please note our particulars

VAT No. 0110384A

PIN No. P051108627Y

DIT Approval ref no. DIT/TRN/651

**Newtimes Business Solutions**

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