

# REGISTRATION FORM



## METROLOGY TRAINING COURSE 2024

To:

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**COURSE CODE**

**COURSE DATE**

Please register the following name(s) for the training course(s).

(Please attach a list of names if more than 5 participants attending)

No.	Name of Participant	Designation
1.		
2.		
3.		
4.		
5.		

**Submitted by:**

<b>Name :</b>	<b>Company / Organization :</b>	
<b>Designation :</b>	<b>Address :</b>	
<b>Tel :</b>	<b>Fax :</b>	<b>E-mail :</b>