

CENTRE FOR PUBLIC SERVICE TRAINING

REGISTRATION FORM

YES! Please register the following delegates(s)

Course Title

Mr/Mrs/Ms/Dr

(First name in full)

(Surname)

Position

Department or Division

Direct phone number

Approving Manager

Position

Organisation

Postal Address

Postal Code

Switchboard PhoneFax no.:

Method of payment (payment is required with registration)

Crossed Cheque made payable to: University of Namibia (CPST)

Fax Registration form to:

Office Administrator

Fax: 061 – 2063455

Tel: 061 – 2063454

Name (Print)

Signature:

Date / /