

GUYANA NATIONAL BUREAU OF STANDARDS

TRAINING REQUEST FORM

Please mail or fax to: **The Executive Director**,

Guyana National Bureau of Standards Flat 15 Sophia Exhibition Complex

Georgetown, Guyana

Telephone: 592-219-0062, 219-0064-0066

E-mail: bss@gnbsgy.org

Company:					
4.1.1					
Address:					
Telephone:	Fax:	E	E-mail:		
Course Title:					
Name of Participant	Designation	Ve	getarian	Level of Staff	
Cheque Enclosed: (payabl	le to): GUYANA NATION.	AL BUREAU OF S	STANDARDS		
□ Cash:					
Please do not send cash in an en	closed mail.				
Signature:					
How did you hear about this c	ourse?				
Invitation:	Referral:				
Other advertisement (please spe	cify):	Other source (please	e specify):		
	to be registered as accord	ited to ISO 9001. l	ISO 14001, ISO 220	000, ISO 17025, ISO 15189, an	
Is it your company's intention certified to GYS 170?	to be registered or accred	1000 10 10 0 7 00 1, 1		,	

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):					
Number of participants(20) is the maximium recommended):					
Number of participants (20) is the maximium recommended): Level of participants within the organisation: Please attach the name(s) of participants and their functions in the organisation.					
Level of participants within the organisation:					
Level of participants within the organisation: Please attach the name(s) of participants and their functions in the organisation.					
Level of participants within the organisation: Please attach the name(s) of participants and their functions in the organisation. Are the participants familiar with the requirements of the standard or area proposed for training?					

BSS302R6F1(b) Page 2 of 3.

FOR OFFICIAL USE ONLY		
Date received;	Received by:	
Date evaluated:	Evaluated by:	
BSS302R6F1(c)	Page 3 of 3.	