

ICH GCP for Beginner's: Course Registration Form

Please write your information clearly and legible as this will be used to complete your attendance certificate:

<i>Date of course you are registering for:</i>	
<i>Title: (Prof./Dr. /Mr / Mrs/Ms)</i>	
<i>Full name and Surname:</i>	
<i>Company:</i>	
<i>Position:</i>	
<i>Level of experience in clinical trials:</i>	<input type="checkbox"/> <i>Basic</i> <input type="checkbox"/> <i>Moderate</i> <input type="checkbox"/> <i>Advanced</i> <i>Comment:</i>
<i>Full Contact Details:</i>	<i>Tel: (w)</i> <i>Cell:</i> <i>Email:</i>
<i>Dietary Requirements:</i>	<input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i> <i>If yes; specify:</i>
<i>Please complete for invoice details:</i> - 2 day Beginner course (R3000 ex vat)	<i>Postal Address:</i> <i>VAT number:</i>

Please email completed form to:

academy@task.org.za