

REGISTRATION FORM

Please complete the Registration and return to:

The Managing Director,

VICTORIA COMPUTERS AND TELECOMS LTD;

17th Floor, GOLDEN JUBELEE TOWERS; OHIO STREET;

P.O. Box 7085, DSM Tel.:255 22 2119916; Mobile: 0754 434 335;

Fax : 255 22 21119928; E-mail: info@vicatel.com ;Website: www.vicatel.com

PLEASE COMPLETE IN BLOCK CAPITALS

DATES: _____ **VENUE:** KCC - KIBAHA

COURSE TITLE: _____

DURATION: ___ FIVE DAYS _____

Surname: ___ Title (Prof/Dr/Mr/Ms/Mrs)

First Names:

Job Title:

Organization:

Address:

Mob: _____ Tel: _____ Fax: _____

E-Mail: _____

Website: _____

APPLICATIONS GOALS:

What specific training goals do you expect to achieve by attending the Course?
