

 <b>ኢንተግራትድ ኪሊቲ ሶሎሽንስ</b> Integrated Quality Solutions PLC (I-QUAS)	Title: <b>የሥልጠና መጠየቂያ ቅጽ</b> <b>Training Registration Form</b>	Document No: <b>OF/I-QUAS/45</b> Issue No. 1	Page No. <b>Page 1 of 1</b>
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**እባክዎን ይህንን ቅጽ በመሙላት በዚህ አድራሻ ይላኩ**  
**PLEASE FILL OUT & RETURN THIS FORM TO THIS ADDRESS**

ቦሌ ሬድዋን ህንፃ/ 4ኛ ፎቅ ቢሮ ቁጥር 403 መ.ሣ.ቁ. 23754 ስልክ ቁ. 251-011 6623846/ 251-911 613073 ፋክስ ቁ. 251-011 6623847 ኢ-ሜይል: <a href="mailto:iquas@ethionet.et">iquas@ethionet.et</a>	Bole Redwan Building, 4 <sup>th</sup> Floor, Room 403 P.O. Box 23754, Addis Ababa Tel: 251-011 6623846/ 251-911 613073 Fax: 251-011 6623847 E-mail: <a href="mailto:iquas@ethionet.et">iquas@ethionet.et</a>
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1	የድርጅቱ ስም Organization's Name		
2	የሥራው ዓይነት Nature of Business		
3	አድራሻ Address	ከተማ Town	ስልክ Tel
	መ.ሣ.ቁ P.O.Box	ኢ-ሜል E-mail	
4	የሥልጠናው ዓይነት (አንዱን ያመልክቱ) Course Type (Please Indicate Options)	<input type="checkbox"/> መደበኛ ፕሮግራም Open Course	<input type="checkbox"/> ድርጅቱ በመረጠው ቦታ On-site/In-house Course
5	የክፍያ ሁኔታ (አንዱን ያመልክቱ) Mode of Payment (Please Indicate Options)	<input type="checkbox"/> በጥሬ ገንዘብ Cash	<input type="checkbox"/> ቼክ /Cheque (Payable to Integrated Quality Solutions PLC)
		<input type="checkbox"/> የባንክ ክፍያ ትላዋዝ /Bank Transfer (Bank of Abyssinia, Addis Ababa, Ring Road Airport Branch, C/A 61)	

**የተሳተፊዎች ዝርዝር መግለጫ/Participants Details**

ተ.ቁ S/N	የተሳተፊው ሙሉ ስም/ Participant Full Name (Mr/ Mrs/ Ms/ Other)	የሥራ ኃላፊነት/ Job Position	የሥልጠና ርዕስ/ Course Title	የሥልጠና ቀናት/ Course Dates

የፀደቀው  
 Authorized by \_\_\_\_\_

ቀን  
 Date \_\_\_\_\_

ስም/ፊርማ/ማህተም  
 (Name/Signature/Seal)

<b>ሰቢሮ አገልግሎት ብቻ/ For I-QUAS Use Only</b>	
Training Registration Review Notes <hr/>	
Reviewed by _____ Name/Signature	Date _____

**NB:** Course attendance can only be guaranteed when application is accompanied by advance payment in full  
**Visit:** <http://www.iquasolutions.com> for up-to-date course information