

 <b>ኢንተግሬትድ ካሊቲ 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>	Page No. <b>Page 1 of 1</b>
		Issue No. <b>1</b>	

**እባክዎን ይህንን ቅጽ በመሙላት በዚህ አድራሻ ይላኩ**  
**PLEASE FILL OUT & RETURN THIS FORM TO THIS ADDRESS**

በሌ 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>
--	--

1	የድርጅቱ ስም Organization's Name			
2	የሥራው ዓይነት Nature of Business			
3	አድራሻ Address	ከተማ Town	ስልክ Tel	ፋክስ Fax
	መ.ሣ.ቁ P.O.Box	ኢ-ሜይል 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 ትእዛዝ / Bank Transfer (Bank of Abyssinia, Addis Ababa, Ring Road Airport Branch, C/A 61)

**የተሳታፊዎች ዝርዝር መግለጫ/Participants Details**

ተ.ቁ S/N	የተሳታፊው 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>ለቢሮ አገልግሎት ብቻ/ For I-QUAS Use Only</b>
Training Registration Review Notes <hr/>
Reviewed by _____ Date _____ <div style="text-align: center;">Name/Signature</div>

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