



ISO AWARENESS TRAINING EVENT REGISTRATION FORM for Individual

Please complete this Registration Request and return to the address at the bottom of the page to book your seat. Thank You.

Desired Course: _____

Scheduled Training Date: _____

Training Delivery Mode: Online [] In - Person []

Full Name: _____

Address: _____

Profession: _____ Signature: _____

Email: _____ Mobile: _____

Emergency Contact: _____

We look forward to seeing you there 😊

Centre for Innovation and Professional Skills Development
College of Computing and Information Sciences
Makerere University

CFC - PECB Partner
Plot 63 Bukoto Street Kampala
register@isocertificationuganda.com
+256-774-024508 | 0200908063

www.isocertificationuganda.com



MAKERERE UNIVERSITY



ISO AWARENESS TRAINING EVENT REGISTRATION FORM for Company / Organization

Please complete this Registration Request and return to the address at the bottom of the page to book your seat. Thank You.

Desired Course: _____

Scheduled Training Date: _____

Training Delivery Mode: Online [] In - Person []

Business Name: _____

Address: _____

Contact Person: _____

Designation: _____ Signature: _____

Email: _____ Mobile: _____

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Confirmed Participants

	Name	Designation	Official Email
1			
2			
3			
4			
5			
6			
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