



*SLBS...Making quality and standards our way of life.*

Saint Lucia Bureau of Standards

**REGISTRATION FORM**

**Workshop Information:**

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Time: 9:00 a.m. to 4:00 p.m.

Venue: Saint Lucia Bureau of Standards, Bisee Industrial Estate, Castries

**Registrant Information**

Name: \_\_\_\_\_

Post/Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Email address: \_\_\_\_\_

Any previous training  Yes  No

If yes, identify the training: \_\_\_\_\_

\_\_\_\_\_

Concerning meals: **Strict** vegetation:  Yes  No  
(if applicable)

Registration approved by: \_\_\_\_\_ Date: \_\_\_\_\_

***For SLBS Use Only***

*Amount Paid:* \_\_\_\_\_ *Date of Payment:* \_\_\_\_\_

*Receipt No.:* \_\_\_\_\_