TRC Workshop Programme



Enrolment Form for Institutional Members

Course Title:			Course No:	
Name of Participants (please print as required on the certificate)	Personal Contact Nur (in case of emergency after school		Level of Classes Taught (if applicable)	
		<u> </u>		
Name of Institution:				
Tel. No:	I. No: TRC Membership No:			
The sum of Rscash/cheque is enclosed.	as course fee by	Head's	s Signature & School Stamp:	
 Please Note: Incomplete forms will not be accepted In the event of disturbance in the city, about the scheduled workshop. If TRC cancels a workshop you will ge refunds must be received within 5 wor If you cancel a registration: one day before a workshop, you get two days before a workshop you get more than two days before a workshop 	please call to check et a full refund. Requests for cking days of the workshop. No refund a 50% refund	-		
For office use only				
Date:				
Receipt No:				
Received by:				