

WORKSHOP REGISTRATION FORM

Please fill out completely so that your registration may be processed promptly.

WORKSHOP TITLE:
ONLINE AND HANDS ON TRAINING ON DIABETIC FOOT MANAGEMENT AND FOOT ORTHOTICS

Name _____
(last) (middle) (first)

Male Female

Marital Status: Single ____ Married ____

Profession:

Address _____
(city) (Region)

E-mail Address _____

Home Phone _____ Work Phone _____

Have you registered with MCT? Yes No

If Yes, please fill in your Reg. No below

MCT Reg # _____

Have you ever taken a course or workshop from Tatcot? No ____ Yes ____ When? _____

Registration for the workshop requires a 50,000/= TZS **non-refundable** deposit.

REGISTRATION OPTIONS:

1. **By mail:**
Mail filled registration form and Bank deposit slip for the workshop to: apottz@yahoo.com
Cc: dshirima20005@yahoo.com (Vice president APOT)

PAYMENT OPTIONS

Bank Transfer via Bank or CRDB Agent:

Bank Name: CRDB Bank PLC

Account Name: THE ASS OF PROS ORT OF TZ-APOT.

Account Number:0150235277800