

The Accreditation Council of Trinidad and Tobago (ACTT)

QuiTE AWARDS INFORMATION SESSION 2016

REGISTRATION FORM

Title: (Mr/Ms/Mrs/Dr/Prof.) _____
FIRST NAME SURNAME

Institution: _____ Position: _____

Address: _____

Phone: (M) _____ (W) _____ Fax: _____

Email: _____ Website: _____

Emergency Contact: _____ Phone: _____

DATE: Tuesday, May 17, 2016

VENUE: UTT Agora Campus, Charlieville, Chaguanas

TIME: 8:30 am – 11:30 am (Registration begins at 7:30 am)

NO REGISTRATION FEE REQUIRED

Signature: _____ Date: _____

FOR FURTHER INFORMATION, CONTACT:
Ms Richette Howell or Janelle Phillip

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