



DOTRID INTERNATIONAL TRAINING INSTITUTE

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www.dotrid.org

APPLICATION FORM

Please complete in full (IN CAPITAL LETTERS)

NAME OF ORGANIZATION	
DEPARTMENT	
AUTHORIZING OFFICER'S NAME	
AUTHORIZING OFFICER'S POSITION	
DATE	

contact details

MOBILE NUMBER 1	
MOBILE NUMBER 2	
OFFICE TELEPHONE	
WHATSAPP CONTACT	
EMAIL 1	
EMAIL 2	
COMPANY'S WEBSITE	

Office address

YOUR ORGANIZATION	
POSTAL ADDRESS	
STREET ADDRESS	
CITY/PROVINCE	
COUNTRY	

Course details

COURSE TITLE	
COURSE DURATION	
COURSE DATE	
PREFERRED VENUE/LOCATION	

Logistics and other information

DO YOU NEED VISA ASSISTANCE?	
ANY HELP WITH HOTEL BOOKING?	
HOW DID YOU HEAR ABOUT US?	

DETAILS OF NOMINEES / DELEGATES / PARTICIPANTS

SN	Name	Course of Interest	Telephone	Email
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Please attach a separate sheet if you have more than 25 delegates. Delegates can also apply online at www.dotrid.com/apply-online or by email

KINDLY FORWARD COMPLETED FORM TO: info@dotrid.org