

**A Training course on  
Utility Price Reviews: November 12 – 16, 2007, Lusaka, Zambia  
Registration Form** (Please type or print in capital letters)



Institute of  
Infrastructure  
Services

**PERSONAL**

Full name:\* \_\_\_\_\_ Organisation: \_\_\_\_\_  
 Mailing \_\_\_\_\_ Postal code: \_\_\_\_\_  
 address: \_\_\_\_\_ City/Town: \_\_\_\_\_  
 \_\_\_\_\_ Tel.: \_\_\_\_\_  
 Country: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Next of kin: \_\_\_\_\_ Tel.: \_\_\_\_\_

\*As will appear on badge and lists

**TUITION FEES:** US\$ 1,500 (One thousand five hundred) per person

The fees cover tuition, course material, a welcome cocktail, and lunch and tea for five days

**HOW TO PAY**

N.B. Registration will only be confirmed upon receipt of full payment details.

1.  **By bank transfer.** Please send a copy of the Bank Transfer Receipt. Indicate participant's names and company

IIS Information:

<i>Account Name:</i>	IIS	<i>Swift Code:</i>	SCBLZMLX
<i>Name of Bank:</i>	Standard Chartered Bank Zambia Plc	<i>Sort Code:</i>	06.00.14
<i>Branch Name:</i>	Kabulonga		
<i>Account Number:</i>	8700260204000		

2.  **By credit card.** Charge to  Visa  MasterCard  American Express

I hereby authorize a debit from my credit card account the total amount of US\$ \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration date Mo/yr: \_\_\_\_\_

Control number \_\_\_\_\_ (last three digits on back of your card)

Card Holder's Name: \_\_\_\_\_ Signature \_\_\_\_\_

I hereby accept the conditions stated on this form.

Billing address: \_\_\_\_\_

Postal code: \_\_\_\_\_ City/State: \_\_\_\_\_

Country: \_\_\_\_\_ Tel: \_\_\_\_\_

**ACCOMMODATION**

Participants will be accommodated at the course venue, the Mwiza Executive Lodge. The cost of bed and full breakfast is about \$110 per night. Full details and other options will be available on request.

**IIS, 477/100 Ibex Hill, P. O. Bo 36527, Lusaka, Zambia, Tel/fax: +260 1 261531, Email: [jorry@zamnet.zm](mailto:jorry@zamnet.zm)**

**INTERESTS**

Which sector do you work in, or which are of the most interest to you?

Electricity \_\_\_\_\_ Water \_\_\_\_\_ Other \_\_\_\_\_

**EMPLOYMENT**

Position: \_\_\_\_\_ Dates: \_\_\_\_\_

**SPECIAL INTERESTS**

Briefly describe your reasons for participating in the Training Course and your expectations.

\_\_\_\_\_

(Please use extra sheet as necessary)

**CANCELLATION:** An administrative fee of US\$200 will be charged for cancellations up to 29<sup>th</sup> October 2007.

There will be no refunds beyond this date. All refunds will be processed after the closing date of 29<sup>th</sup> Oct. 2007

Participant's Signature: \_\_\_\_\_

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