**Safety in Medical Labs Training**

**Date: 2022-Dec-06, 08, 13, and 15**

**Time: 9:00 a.m. – 3:00 p.m.**

**ONLINE**

**Registration Form**

**SECTION 1: PERSONAL DATA**

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| Surname: Click here to enter text. First Name: Click here to enter text.  Job Title: Click here to enter text.  Organization: Click here to enter text.  Work Address: Click here to enter text.  Work Contact: Click here to enter text. Mobile: Click here to enter text.  Email: Click here to enter text. |

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| **………………………………. ….……………………………… ………………………………………**    Participant’s Signature Signature of Authorizing Officer Company Stamp /Authorization |

Please email completed form to [lab.accreditation@ttbs.org.tt](mailto:lab.accreditation@ttbs.org.tt) or [labaccred@gmail.com](mailto:labaccred@gmail.com)

**NOTE:** For further information you may contact TTLABS at 662-8827 ext. 2248/2249; 787-4157 or email at [lab.accreditation@ttbs.org.tt](mailto:lab.accreditation@ttbs.org.tt)