



TRAINING CENTRE REGISTRATION FORM

Organisation name: _____

Address:
(to be featured on the TOLES website) _____

Telephone number: _____

Fax number: _____

Email: _____

Website URL: _____

Contact person name: _____

Contact person position: _____

Do you wish to feature on the TOLES website? Yes No

Do you wish to have a reciprocal website link? Yes No

I have read and agree to abide by the instructions for invigilating the TOLES examination.

Signature Print Name

Date

To be completed by the TOLES office:

TRAINING CENTRE CODE:						
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