



the training and consultancy subsidiary of  
TRINIDAD AND TOBAGO BUREAU OF STANDARDS

**COMMITMENT FORM**

Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Name of Programme: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

**PLEASE REGISTER THE FOLLOWING:**

Names:

Job Positions:

(1) \_\_\_\_\_

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

(3) \_\_\_\_\_

**PAYMENT PROCEDURE:**

CASH

CHEQUE

**(Please make cheques payable to Premier Quality Services Limited) on or before the date of the programme**

**AUTHORITY:**

Name of Authorizing Officer: \_\_\_\_\_

Position of Authorizing Officer: \_\_\_\_\_

Signature of Authorizing Officer: \_\_\_\_\_

**Please affix company's stamp\*:** \_\_\_\_\_

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

**N.B: \* Please note that where cancellation is made within seven (7) days of the commencement of the programme, the Company / Individual will be billed 40% of the cost of the programme. All cancellations must be made in writing.**

**PAYMENT RECORD:**

To be filled out by PQSL Personnel

Name of Programme \_\_\_\_\_

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

Cost: \_\_\_\_\_ VAT: \_\_\_\_\_ TOTAL: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Kindly fax Registration Form to: 645-8879