



# SRI LANKA ACCREDITATION BOARD

## FOR CONFORMITY ASSESSMENT

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*(Use additional copies, if required and one form per programme and participant)*

### Common Reservation Slip for SLAB Training Programme

Title of Training Programme: .....

Expected Month & Date/s (Please refer Training Plan) .....

Name of the Participant: .....

Name to be given in the certificate: .....

Official Address: .....  
.....

Residence: .....  
.....

Telephone: ..... Fax: .....

e-mail: ..... Mobile: .....

VAT Registration Information:

Meal Preferences

A - Vegetable

B - Fish

C - Chicken

Date: - .....

.....  
Name and Signature of Participant

Any Specific requests/information: .....

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