HUMAN RESOURCE DEVELOPMENT COUNCIL *Of* BOTSWANA

REQUEST FOR QUOTATION FORM

APPLICATION FOR NON CREDIT BEARING SHORT COURSES (NCBSCs)

NAME OF INSTITUTION: ……..…….

NAME OF CONTACT PERSON: ……

POSTAL ADDRESS: ……

TELEPHONE/CELL: ……

NAME OF SHORT COURSE	PRICE
TOTAL AMOUNT	

Prepared by……..…….. Signature…… Date……....

Physical Address: Plot 60113, Block 7, Ext 48, Gaborone, Botswana
Postal Address: Private Bag BR 108, Gaborone, Botswana
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