



**TWO DAYS FIDIC WORKSHOP ON:  
THE PRACTICAL USE OF THE 1999 FIDIC CONDITIONS OF  
CONTRACT FOR CONSTRUCTION (RED & YELLOW BOOKS)  
IN ADDIS ABABA, ETHIOPIA**



## REGISTRATION FORM

### MODULE 1:

**The Practical Use of the 1999 FIDIC Conditions of Contract &  
MDBs' Harmonised Construction Contract – 2006 Edition**

**Monday 28<sup>th</sup> to Tuesday, 29<sup>th</sup> October, 2019  
Addis Ababa, Ethiopia**

PERSONAL DETAILS		TERMS AND CONDITIONS			
Title:	Surname:	<p style="color: purple; margin: 0;"><u>REGISTRATION:</u></p> <p>Registration form should be filled by participant, scanned and emailed to <a href="mailto:zeyedemistir@gmail.com">zeyedemistir@gmail.com</a> or <a href="mailto:assdeswo@yahoo.com">assdeswo@yahoo.com</a>, <a href="mailto:ayatu78@yahoo.com">ayatu78@yahoo.com</a></p> <ul style="list-style-type: none"> <li>Closing date for the registration is on <u>20<sup>th</sup> September 2019</u>.</li> </ul> <p style="color: purple; margin: 0;"><u>1. PAYMENT TERMS:</u></p> <ul style="list-style-type: none"> <li>Payment by Cheque and Cash for local currency only are payable to: Addis Ababa Chamber of Commerce and Sectoral Associations Bank name: Dashen Bank S.C. Branch: Safarian branch Account no.:5232130706011 Addis Ababa, Ethiopia</li> <li>Upon the receipt of the proof of payment, the receipt will be issued to participants</li> </ul> <p style="color: purple; margin: 0;"><u>2. CANCELLATIONS &amp; TRANSFERS:</u></p> <ul style="list-style-type: none"> <li>If participant(s) are unable to attend, a substitute candidate(s) will be allowed at no extra charge. The name of the substitute delegate should be provided at least 3 days prior to the seminar.</li> <li>Regrettably, no refund can be made for full cancellation by participants</li> <li>Organizers reserve the right to make adjustments on the modules of the training to be offered or cancel the event if the required participant's number is less than 25 subscribed by the deadline.</li> <li>In the event of cancellation by organizer one-week notice will be issued or change of new date or the refunds in full to the participants.</li> </ul>			
	First name:				
Cell:	Email:				
<u>COMPANY DETAILS</u>					
Company Name:					
Post Address:	Physical address:				
<u>PAYMENT DETAILS</u>					
Mode of payment (tick)	Bank Transfer			Cheque	Credit Card
<u>THE INVOICE BE ISSUED TO:</u>					
Company:	Participant:				
<u>SPECIFIC REQUIREMENT</u>					
Participant should specify any special dietary requirements					
Assistance for disability should be stated					
Additional Notice:					

I have read and I agree to the conditions of registration as stipulated above.

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