

QUOTATION FORM

| 1. Full Names: | | | |
|--|------------------------|-----------------|--|
| 2. Company / Organisatio | n / Agency: | | |
| 3. Telephone: | | | |
| o. relephone. | | | |
| 4. E-mail: | | | |
| 5. Select Package: | | | |
| Written Translation | Oral Translation | Other Services | |
| If written translation, cl | hoose your option | | |
| Number of words | | | |
| Number of pages | | | |
| Type of Documents | | | |
| If oral or video docume | ents translations, cho | ose your option | |
| Number of minutes | | | |
| If oral Interpretation | | | |
| Number of Hours | D | ates | |
| Type of Days | V | enue | |
| Number of Participants | 3 | | |
| If other services | | | |
| Call Direct to our office, +257 79/75 492 498, +257 71 200 280 | | | |

or send us an e-mail: info@concisetranslation.com