

COURSE REGISTRATION FORM

Please register the following participants from my company for the above training courses.

Sl.#	Name of Participants	Designation	Course/s of Interest	Course Date
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Name of Authorized Person :

Position :

Company Name :

Address :

.....

Telephone No:..... **Fax No:**..... **E-Mail:**.....

Note : Since the number of seats are limited to each course, we would kindly inform you that registration for each course will be only made after the following :

- Depositing the respective fees in our account (National Inspection & Technical Testing Co. Ltd., Dammam, Saudi Arabia, Saudi American Bank Account # : 260 4 0000 16), or :
- Enclosure of a copy of cheque along with the filled up Registration Form.

Cancellation Policy : There will be a full refund for cancellation made only one week in advance prior to the date of each training course. Alternatively, Registrants may send a substitute.

Please complete and return to :

National Inspection and Technical Testing Co. Ltd., (FAHSS/TUV)

Tel.: 03-828 1835 /Ext. 26, or Tel.: 03-826 1888 /Ext. 3042, Mob: 055 906 981, Fax: 03-828 1267

For more details, please contact:

Mr. Tarief M. Rasheed, Marketing & Consultancy Div. Manager (E-Mail: tarief@fahss.com)