|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Person Booking Course Details** | **Select Training Venue** | **Tel Number** | **Email** | **Fax number** |
| Ref. Ind.  |  | Department: |  |  |  Coastal  | 24228618 | rajesh@ntioman.com |  |
| Company Name |  |  | (venue 1) |  |  |  |
| Tel number |  | Fax number |  |  | (venue 2) |  |  |  |
| Email |  |  | (venue 3) |  |  |  |
| Site Name / Code | Coastal  |  | (venue 4) |  |  |  |
| **Full course fee levied if cancellation is less than 48 hours or no attendance by nominee** |
| No | ***Civil No.******(ID No.)*** | ***Company No.*** | ***(Ref. Ind.)*** | ***Directorate (e.g. UID,OND)*** | ***First Name*** | ***Last Name*** | ***Email address*** | ***GSM******No.*** | ***Course title / Course code*** | ***Language******(E/A/H)*** | ***Course date*** |
| 1 |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |  |

**Notes:**

1. Please refer SP1157 for pre-requisites
2. Please fill up the form in BLOCK letters.
3. If you wish a nominee to attend more than one course, please use a separate line for each course.
4. The candidate MUST be able to clearly understand the language the course is delivered in.
5. Cancellation must be received at least 48 hours prior to the commencement of the course; otherwise full course fee will be charged.
6. "NO SHOWS" will be charged at full course fee.

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| **CLIENT AUTHORISATION DETAILS** |
| Name |  | Tel no |  | Date,Stamp and Signature |  |
| Position |  | GSM no |  |
| Ref ind. |  | Work Order no |  |