## **Registration and Further Information**

(Please complete this form and send us back via fax or email)



PERSONAL DETAILS	TRAINING COURSE
Please print clearly or attach business card:	Advanced Audit for Manufacturing Companies
1) Name :	☐ May 08 – 10, 2016
Position:	In order to guarantee a place on the course delegates are kindly requested to register at least 4 weeks in advance
Email:	
2) Name :	METHOD OF PAYMENT  ☐ 1. Please find enclosed a cheque for US\$
	made payable to Advanced Studies and Training Centre
Position:	2. Transfer : Commercial Bank of Dubai
Email:	Branch: Mankhool Street   Account Number 10001255334 Routing Number: 502320103   Swift Code: CBD – UAE. AD
3) Name:	☐ 3. Please invoice my institution.
Position:	An invoice will be sent to the mentioned institution on receipt of registration form. Please fill out the sponsor's details below.
Email:	
Company:	CREDIT CARD: Please Charge my: (Card Type)
Department:	☐ Master Card ☐ Visa Card
Address	Card Holder Name
Postcode:Country:	Card Number
Tel : Fax :	Expiry DateSecurity Code No
Nature of Business	Amount to be Charge Mob
Company Size: O 1-9 O 10-24 O 25-49 O 50-99	
o 100-249 o 250-499 o 500-999 o 1000+	Card Holder Signature:Date:
SPONSOR	
We wish to register this delegate for the course indicated above. We	SAVE MONEY! DISCOUNTS AND PROMOTIONS!  ☐ Register one month in advance and received up 10% discount.
undertake to pay for the period of the program (please print clearly)	☐ Group of 3 more delegates from the same organization receive a 10%
Name:	discount
Desitions	
Position: Date:	OR
Position: Date: Date:	OR ☐ FREE Attendance for 5 <sup>th</sup> delegate from the same organization
Position: Signature: Date:  REGISTRATION COURSE FEES	<u> </u>
REGISTRATION COURSE FEES Advanced Audit for Manufacturing Companies	☐ FREE Attendance for 5 <sup>th</sup> delegate from the same organization  TRAINING REGISTRATION DETAILS  TERM & CONDITIONS:
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