



## SCHOOL OF PETROLEUM STUDIES

### CERTIFICATE COURSES TRAINING REGISTRATION FORM

We / I would wish to participate in .....  
Training course;           *(Please enter the title of the course in the space above)*

Company/Organisation name: .....

Postal address.....

Email address:.....

Telephone no.....

Fax no.....

#### PARTICIPANTS DETAILS

	Name(s)	Job title(s)
1.	.....	.....
2.	.....	.....
3.	.....	.....
4.	.....	.....
5.	.....	.....

Name of authorizing person: .....

Signature ..... Job title .....

**COURSE CHARGES:   PIEA Members Ksh. 49,000 + VAT**

**Non Members Ksh. 62,500 + VAT**

Please fax this form to the attention of **Carole Ngunih** on fax no. **(020) 313048** or email to:  
**school@petroleum.co.ke**