



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: PIAA Members Ksh. 25,000 + VAT

Non Members Ksh. 30,000 + VAT

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