

## □ REGISTRATION FORM



COLIR	SE TITLE:	Field Operations	s Engineer Certification - Rem	note	training (EN)		
		/FIELDIG-EN-D			<u> </u>		
Ü	ourse reference:		11/10/0000		Wintered Classes and		
	Session Date:	08/29/2022	_ 11/18/2022	Loc	cation: Virtual Classroom		
Purchas	er Informati	ion					
Mr. □ Ms.							
First name:				La	ast name:		
Company:				Po	osition:		
Address:							
				Zi	p code:		
City:			State/Region/Province:			Country:	
Email:						Phone:	
Company regis	tration number <i>(S</i>	iret,):					
	nt Details						
Mr. □ Ms. I							
First name:	_			La	est name:		
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Invoicing	Details t	o be sent to:	□ Company □ Other				
Mr. □ Ms.							
First name:				La	ast name:		
Company:							
Address:							
				Zi	p code:		
City:			State/Region/Province:			Country:	
Email:						Phone:	
Tax registration	number <i>(NIF, VA</i> 7	Ţ):					
P0 / Reference	number:						
Company regis	tration number <i>(S</i>	iret,):					
Δdditional doc	umente to be con	nt with invoice					
Additional documents to be sent with invoice:  Attendance sheet					☐ I acknowledge receipt and accept IFP Training		
☐ Course assessment by the participant					General Terms of	Sales	
□ Duplicate invoice					SEND this document to contact@ifptraining.com		
☐ Others (please specify):							