



REGISTRATION FORM



COURSE TITLE: Field Operations Engineer Certification - Remote training (EN)

Course reference: /FIELDIG-EN-D

Session Date: 08/29/2022 - 11/18/2022

Location: Virtual Classroom

Purchaser Information

Mr. ☐ Ms. ☐

First name:

Last name:

Company:

Position:

Address:

Zip code:

City: State/Region/Province: Country:

Email: Phone:

Company registration number (Siret,...):

Participant Details

Mr. ☐ Ms. ☐

First name:

Last name:

Company:

Position:

Address:

Zip code:

City: State/Region/Province: Country:

Email: Phone:

Company registration number (Siret,...):

Invoicing Details *to be sent to:* ☐ Company ☐ Other

Mr. ☐ Ms. ☐

First name:

Last name:

Company:

Address:

Zip code:

City: State/Region/Province: Country:

Email: Phone:

Tax registration number (NIF, VAT,...):

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Additional documents to be sent with invoice:

- ☐ Attendance sheet
- ☐ Course assessment by the participant
- ☐ Duplicate invoice
- ☐ Others (please specify):

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