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IADC WELLCAP WELL CONTROL CERTIFICATION PROGRAMS REGISTRATION FORMS

Easy registration may also be made online at: <http://www.pttco.org>

Date: _____

Personal Data: (that it matches the information given on the passport)

Last Name: _____ First Name: _____ Middle Name: _____

Please specify the period of IADC WellCAP Certification Course you would like to attend.

From (dd/mm/yyyy): _____ To (dd/mm/yyyy): _____

Date of Birth (dd/mm/yyyy) _____ Place of Birth (City/Country): _____

Passport Country: _____

Home Address: _____

City: _____ State / Province _____

Zip Code: _____ Country: _____

Phone Number: _____ Mobile Phone Number: _____

Fax Number: _____ Email: _____

Company Information:

Company Name: _____

Job Title: _____

Company Address: _____

City: _____ State / Province: _____

Zip Code: _____ Country: _____

Office Phone Number: _____ Mobile Phone Number: _____

Fax Number: _____ Email: _____

Contact Person: _____

Please choose what type of IADC WELLCAP Certificate you would like to take:

- Drilling, Fundamental, Surface BOP Stack (for Trainee driller & Driller)
- Drilling, Supervisor, Surface BOP Stack (for Advanced Driller, Toolpusher, Superintendent & Engineer)
- Drilling, Supervisor, Combined Surface & Subsea BOP Stack (for Advanced Driller, Toolpusher, Superintendent & Engineer)
- Drilling/Workover/Completion, Supervisor, Surface BOP Stack (for Advanced Driller, Toolpusher, Superintendent & Engineer)
- Drilling/Workover/Completion, Supervisor, Combined Surface & Subsea BOP Stack (for Advanced Driller, Toolpusher, Superintendent & Engineer)

Request for Accommodation (guest account)

- No.
- Yes. From (dd/mm/yyyy) _____ To (dd/mm/yyyy)_____

Method of Payment for this course:

- I will pay the full amount of course fees (75,000.-Baht) by transferring to the bank account below.

(The registration is completed when course fees is paid)

If an enrollee is unable to attend the course, the enrollee or the company may appoint a substitute at any time without penalty.

BANK DETAILS

**PAYMENT TO: Kasikorn Bank Public Co., Ltd.
(Lotus Sukhaphiban 1 Sub-Branch)**

**Account Name: PTTCO Ltd.
Account Number: 773-1-00116-7
Swift Address: KASITHBK**

After transferred, kindly send scanned payment details by Email or Fax.

Return this form to PTTCO at least 20 days prior to the first training day or as agreed with the PTTCO Ltd.

I confirm that the information given on this form is correct.

Candidate's signature:.....Date:.....