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**REGISTRATION FORM FOR IWCF DRILLING WELL CONTROL COURSE**

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 IWCF Drilling Well Control 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 IWCF Test you would like to take as listed below:**

- Driller, Surface BOP Stack
- Supervisor, Surface BOP Stack
- Driller, Combined Surface & Subsea BOP Stack
- Supervisor, Combined Surface & Subsea BOP Stack

**\*\* Please note that, for the Unit of Calculation, this course will be conducted in API (field unit, barrel, psi, foot) only.**

**Request for Accommodation (all expenses will be paid by 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 details below.

**(Please note that 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 Number: 773-1-00116-7  
Swift Address: KASITHBK

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

**\*\* Please kindly return this form to the PTTCO Ltd at least 30 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:.....**