



54/3 Moo 13, Navamin 70, Klongkum, Buengkum, Bangkok 10240, Thailand

Tel: +662-947-8259

Fax: +662-510-3808, +662-510-6195

Email : info@pttco.org

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 Name: PTTCO Ltd.
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:.....