

## Global Management Engineering and Technology (GMET)

**Date: 23-28 June 2007 (1<sup>st</sup> Session) & 21-26 July 2007 (2<sup>nd</sup> Session)**  
**Venue : Courtyard Hotel by Marriott, Kuwait (Live-in Class Session)**

### REGISTRATION FORM

FAX COMPLETED FORM TO +965 261-1850 or E-MAIL TO [gmet@abar-solutions.com](mailto:gmet@abar-solutions.com)

( To be completed in BLOCK LETTERS )

#### A. GMET TRAINING FORMAT

Training Format	Please tick on the appropriate box	Please indicate course name if single course is selected
<b>Structured Online Self-Study</b>		
Four Courses	<input type="checkbox"/>	
Single Course	<input type="checkbox"/>	
<b>In-Class Training</b>		
Four Courses	<input type="checkbox"/>	
Single Course	<input type="checkbox"/>	
<b>Combined Training</b>		
Four Courses (Self-Online Study and In-Class Training for four course)	<input type="checkbox"/>	
Single Course (Self Online Study and In-Class Training for one course)	<input type="checkbox"/>	

#### B. PERSONAL INFORMATION

Full Name (Mr/Ms) : \_\_\_\_\_

Designation : \_\_\_\_\_ Name of Company : \_\_\_\_\_

Permanent Address : \_\_\_\_\_

Mailing Address : ( If different from permanent address ) \_\_\_\_\_

Telephone : \_\_\_\_\_ Mobile : \_\_\_\_\_ Fax No. : \_\_\_\_\_

E-mail Address : \_\_\_\_\_ Webmail : \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Sex : \_\_\_\_\_ Age : \_\_\_\_\_ Nationality : \_\_\_\_\_

#### C. EDUCATION BACKGROUND

Name of school / Institution	Year Attended	From	To	Highest Qualification Obtained
------------------------------	---------------	------	----	--------------------------------

Secondary : \_\_\_\_\_

College / University : \_\_\_\_\_

Any Special Professional Course : \_\_\_\_\_

**D. SPONSORSHIP**

Company Sponsored

Self Sponsored

Please Tick (    )

**DETAILS OF THE NOMINATING AUTHORITY: ( To be filled if sponsored by company )**

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Name of Company/Organization: \_\_\_\_\_

Department/Division/Section: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Mobile No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**E. DECLARATION**

**I hereby declare that the information provided is correct and complete.**

Signature of Participant : \_\_\_\_\_

Date : \_\_\_\_\_

**Payment Advise :**

Enclosed cheque/bank draft No. \_\_\_\_\_ for \$USD \_\_\_\_\_ being payment for \_\_\_\_\_ participant(s)  
made in favor of 'Abar Solutions Petroleum Consultancy'

**Mailing Address:**

**Abar Solutions Petroleum Consultancy**

Floor 10, Building 2A

Block 12, Hawali

Kuwait

Tel No: +965 2611840

Fax No: +965 2611850

Email: [gmet@abar-solutions.com](mailto:gmet@abar-solutions.com)

Web: [www.abar-solutions.com](http://www.abar-solutions.com)