

Registration Form

Programme/Course Details

Course Title:

Course Date:

Course Venue:

Personal Information

Name:

Company:

Designation:

Department:

Mailing Address:

City:

Country:

Postal Code:

Telephone:

Fax:

Mobile:

Email:

Webmail:

Mode of Payment:

(Please complete the information below to whom we send the invoice)

Details of the Nominating Authority

Name:

Company:

Designation:

Department:

Mailing Address:

City:

Country:

Postal Code:

Telephone:

Fax:

Mobile:

Email:

Webmail:

Fax or mail this form to:

Abar Solutions Petroleum Consultancy Ltd.

Hawali, Block 117, Building 2A, Floor 10, Kuwait

Tel: 261-1840

Fax: 261-1850

Email: info@abar-solutions.com

Website: www.abar-solutions.com

If you require any information, or would like to discuss specific requirements, please contact us and we will endeavor to meet your needs.