

TRAINING COURSE REGISTRATION FORM

Training Course Date: _____

Training Course Location: _____

TRAINEE INFORMATION - CONTACT DETAILS

First Name: _____ Last Name: _____

E-mail: _____

Job Title: _____ Department: _____

Organization: _____

Address: _____

Address: _____

Phone: _____ Fax: _____

TERMS AND CONDITIONS

- Please complete the form in block capitals, and send via e-mail or fax.
- Fees are inclusive of manual, registration and certification.
- Payment should be made to AF Condition Monitoring (M) Sdn Bhd two weeks before the course date.
- AFCM reserves the right to cancel the course if warranted by circumstances beyond our control

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