



## SCHOOL OF PETROLEUM STUDIES

### 5 DAYS PROFESSIONAL CERTIFICATE COURSES TRAINING REGISTRATION FORM

We / I would wish to participate in .....  
 training course. *(Please enter the title of the course in the space above)*

Company/Organisation name: .....

Postal address.....

Email address:.....

Telephone no.....

#### PARTICIPANTS DETAILS

<i>Name</i>		<i>Email address &amp; Telephone no.</i>
-------------	--	--

- |     |       |       |
|-----|-------|-------|
| 1.  | ..... | ..... |
| 2.  | ..... | ..... |
| 3.  | ..... | ..... |
| 4.  | ..... | ..... |
| 5.  | ..... | ..... |
| 6.  | ..... | ..... |
| 7.  | ..... | ..... |
| 8.  | ..... | ..... |
| 9.  | ..... | ..... |
| 10. | ..... | ..... |

Name of authorizing person: .....

Signature ..... Date ..... Job Title .....

**COURSE CHARGES: - PIEA MEMBERS            KSHS. 49,000 + VAT**  
**- PIEA NON-MEMBERS    KSHS. 62,500 + VAT**

**N.B.: 100% of your total amount will be charged if any of the listed training participants cancel 3 days to the date of training or make any changes on the scheduled date of training or a No show.**

Please email a scanned copy of this form to the attention of Alfred Mungai; [school@petroleum.co.ke](mailto:school@petroleum.co.ke)