

This form is to be filled out and returned to: Trinidad Inspection Services Ltd, Cor. Pacific Avenue and Caribbean Drive, Point Lisas Industrial Estate, Point Lisas, Trinidad.

COMPANY OR INDVIDUAL NAME & A	ADDRESS:		
CONTACT PERSON:		. SUBMISSION DATE:	FAX
PHONE	EXT	E-MAIL	

ATTENDEES: -

No.	NAME	JOB TITLE/ DESCRIPTION	E-mail Address	Cell Phone Contact	AMPP Member Number	Course Fee
1.						
2.						
3.						
4.						
5.						
6.						
					Sub-Total	
					VAT 12.5%	
					TOTAL TTD	

- Venue: -Trinidad Inspection Services Ltd. Training Centre, North Sea Drive, Point Lisas Industrial Estate, Savonetta *and* shall run from Monday -Friday 8am- 6pm and Saturday 8am-12.00pm unless otherwise indicated.

- LUNCH AND REFRESHMENTS WILL BE PROVIDED.

- COPIES OF THIS FORM CAN BE USED IF YOUR NUMBERS EXCEED THE SPACES PROVIDED.

Authorized by: -

PLACE COMPANY STAMP