



REGISTRATION FORM



COURSE TITLE: IWCF Well Control - Level 3 or 4 - Remote training ()

Course reference: FPE3&4-EN-D

Session Date: 07/07/2025 - 07/11/2025 Location:

Purchaser Information

Mr. ☐ Ms. ☐

First name: Last name:

Company: Position:

Address:

Zip code:

City: State/Region/Province: Country:

Email: Phone:

Company registration number (Siret,...):

Participant Details

Mr. ☐ Ms. ☐

First name: Last name:

Company: Position:

Address:

City: Zip code:

State/Region/Province: Country: Email:

Phone: Company registration number (Siret,...):

Do you have a disability / handicap? Yes No I confirm that I have the prerequisites mentioned in the course content

If so, please contact our advisor to find out how to access the course referent.handicap@ifptraining.com

Invoicing Details to be sent to: ☐ Company ☐ Other

Mr. ☐ Ms. ☐

First name: Last name:

Company:

Address:

Zip code:

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Tax registration number (NIF, VAT,...):

PO / Reference number:

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Additional documents to be sent with invoice:

- ☐ Attendance sheet
- ☐ Course assessment by the participant
- ☐ Duplicate invoice
- ☐ Others (please specify):

☐ I acknowledge receipt and accept IFP Training General Terms of Sales

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