



# REGISTRATION FORM



**COURSE TITLE:** Well Servicing & Workover ()

Course reference: WSWO-EN-P

Session Date: 10/13/2025 - 10/17/2025 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](mailto:referent.handicap@ifptraining.com)

## Invoicing Details

to be sent to: ☐ Company ☐ Other

Mr. ☐ Ms. ☐

First name: Last name:

Company:

Address:

Zip code:

City: State/Region/Province: Country:

Email: Phone:

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

PO / Reference number:

Company registration number (Siret,...):

### 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

**SEND** this document to [ep.contact@ifptraining.com](mailto:ep.contact@ifptraining.com)

