



REGISTRATION FORM



COURSE TITLE: Well Testing & Well Test Analysis ()

Course reference: WTA-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:

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:

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

