معهد الإمارات للصحة والسلامة
EMIRATES INSTITUTE FOR HEALTH AND SAFETY

COURSE REGISTRATION

PLEASE PRINT AND FAX THE COMPLETED REGISTRATION FORM TO OUR OFFICE

Location: **Emirates Institute for Health and Safety**
3rd Flr, Bin Aweidha Building
Khalifa Street, Abu Dhabi, UAE

Name of the Course(s):

_____

_____

Course Date: _____ **Cost**: _____

PARTICIPANT INFORMATION

Name:
Company Name:
Address:
Telephone:
Mobile/ Contact No:
Email:

PAYMENT INFORMATION

□ Cheque □ Cash □ Bank Transfer (complete the information below)

Name:
Name of the Bank:
Branch:
Account Number:

Participant's Signature: _____ Date: _____

EIHS Contact information: Office number: +971 2 627 7767
Fax number: +971 2 627 7667

ONCE WE HAVE RECEIVED YOUR COMPLETED REGISTRATION FORM WE WILL CONTACT YOU AND CONFIRM DETAILS AND PROVIDE YOU WITH A CONFIRMATION NUMBER ALONG WITH A RECEIPT UPON PAYMENT.