

# Training Registration Form

Company name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_ P.O. Box: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Training Code \_\_\_\_\_ Date: \_\_\_\_\_

## Participants

Sl No.	Name	Designation	Email address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Payment by:  DD  Cheque  Wire Transfer

DD / Cheque / WT No: \_\_\_\_\_ Date: \_\_\_\_\_

Payable to: **Schneider Electric FZE** Amount(US\$): \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Stamp \_\_\_\_\_ Authorized signature: \_\_\_\_\_  
Name: \_\_\_\_\_

Note: Kindly send this form back to us thru, Fax: +971 04 7099101 Email: ae-tc-gulf@ae.schneider-electric.com or Mail: Schneider Electric FZE, Training Department, PO Box No: 341057, Dubai, UAE