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IADC WELLSHARP WELL CONTROL CERTIFICATION PROGRAMS REGISTRATION FORMS

Easy registration may also be made online at: www.pttco.org

Date: _____

Personal Data: (that it matches the information given on the passport)

Last Name: _____ First Name: _____ Middle Name: _____

Please specify the period of IADC WellSharp Certification Course you would like to attend.

From (dd/mm/yyyy): _____ To (dd/mm/yyyy): _____

Date of Birth (dd/mm/yyyy) _____ Place of Birth (City/Country): _____

Passport Country: _____

Home Address: _____

City: _____ State / Province _____

Zip Code: _____ Country: _____

Phone Number: _____ Mobile Phone Number: _____

Fax Number: _____ Email: _____

Company Information:

Company Name: _____

Job Title: _____

Company Address: _____

City: _____ State / Province: _____

Zip Code: _____ Country: _____

Office Phone Number: _____ Mobile Phone Number: _____

Fax Number: _____ Email: _____

Contact Person: _____

<p>The course fee includes 1 Re-sit session. Candidates can re-take the course for 4 days before re-sit session at free of charge.</p>
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Please choose only one what type of IADC WELLSHARP Certificate you would like to take:

- Drilling, **Driller, Surface** BOP Stack
(for Trainee driller & Driller)
- Drilling, **Supervisor, Surface** BOP Stack
(for Advanced Driller, Toolpusher, Superintendent & Engineer)
- Drilling, **Supervisor, Combined** Surface & Subsea BOP Stack
(for Advanced Driller, Toolpusher, Superintendent & Engineer)

Request for Accommodation (guest account)

- No.
- Yes. From (dd/mm/yyyy) _____ To (dd/mm/yyyy) _____

If an enrollee is unable to attend the course, the enrollee or the company may appoint a substitute without penalty.

Return this form to PTTCO at least 20 days prior to the first training day or as agreed with the PTTCO Ltd.

I confirm that the information given on this form is correct.

Candidate's signature:.....Date:.....

Special needs/Requirements:.....

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