**AMC MARITIME TRAINING CENTER (through “THE MARITIME HOUSE”)**

##### To register in our training courses, complete this form and send back at [istanbul@alphamrn.com](mailto:istanbul@alphamrn.com) or fax it.

|  |  |
| --- | --- |
| **Course Title:** | **Dry Bulk Management Standard** |
| **Course Date:** | **Two (2) days (23rd - 24th of February)** |

#### Particulars of Participant(s)

|  |  |
| --- | --- |
| Name(s) of the Participant(s)  (English & capital letters please): | Job Title: |
| **1.** |  |
| **2.** |  |
| **3.** |  |
| **4.** |  |
| **5.** |  |
| **6.** |  |
| **7.** |  |
| **8.** |  |
| **9.** |  |
| **10.** |  |

##### Required for invoice and certificates

|  |  |  |  |
| --- | --- | --- | --- |
| Company Name  (in Full): |  | | |
| Invoice Address: |  | | |
| Postal Address: |  | | |
| VAT Number: |  | Tax Office: |  |
| Telephone: |  | Fax: |  |
| Contact person: |  | E - mail: |  |
| Position of the contact person: |  |  | |

|  |  |
| --- | --- |
| **Application Date:** |  |
| **Signature:** |  |

**(*Please sign and submit by email or fax*)**