

REGISTRATION FORM FOR BASIC FIRE FIGHTING TRAINING COURSE

Name : _____
Title : _____
Company : _____
Department : _____
Address : _____
City : _____
Telephone : _____
Fax : _____
E-mail : _____

FIRE FIGHTING TRAINING COURSE SCHEDULE		
Saturday	FEB. 27, 2010	<input type="checkbox"/>
Saturday	APR. 24, 2010	<input type="checkbox"/>
Saturday	JUL. 31, 2010	<input type="checkbox"/>
Saturday	AUG. 28, 2010	<input type="checkbox"/>
Saturday	OCT. 30, 2010	<input type="checkbox"/>
Saturday	DEC. 18, 2010	<input type="checkbox"/>

Mode of Payment : Cross Cheque in favour of Haseen Habib Trading Company

(Attached) Cheque No. _____ Dated : _____

(Attached) Purchase Order No. _____ Dated : _____ (If any)

Authorized Signature

	Please fax on 021-4526242 or e-mail to training@haseenhabib.com For more than one person please use the Photo copy of the same form.
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