

REGISTRATION FORM FOR BASIC FIRST AID TRAINING COURSE

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

FIRST AID TRAINING COURSE SCHEDULE		
Saturday	JAN. 30, 2010	<input type="checkbox"/>
Saturday	MAR. 27, 2010	<input type="checkbox"/>
Saturday	MAY. 29, 2010	<input type="checkbox"/>
Saturday	JULY. 31, 2010	<input type="checkbox"/>
Saturday	SEP. 25, 2010	<input type="checkbox"/>
Saturday	NOV. 27, 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.