

REGISTRATION FORM

Name:

(In Capital Letter; given name shall be used for certificate also. Please provide the correct spelling to control any future trouble)

Designation:
Occupation:
Company:
Address:
Telephone/ Mobile#:
Email:

ACCREDITED COURSES

 ISO 9001:2015

 ISO 45001:2018

 ISO 14001:2015

 5-DAYS LEAD AUDITOR COURSE

 INDIVIDUAL

 IN-HOUSE *(At client place inform of batch)*

NON-ACCREDITED COURSES

 ISO 9001:2015

 ISO 45001:2018

 ISO 14001:2015

 1-DAY AWARENESS PROGRAMME

 2-DAYS INTERNAL AUDITOR TRAINING

 INDIVIDUAL

 IN-HOUSE *(At client place inform of batch)*

PAYMENT DETAILS

Post of confirmation of registration the payment shall be made to "GLOBAL STANDARDS".

TERMS OF REFERENCES

1. The confirmation is subject to receiving of the filled Registration Form along with the required fee a one week prior to the course.
2. The seats are limited and are available on first come basis.
3. Cancellations must be received in writing at least 7 days prior to course and are subject to an administration fee. We regret that cancellations received after this date cannot be accepted and the course fee must be paid in full.
4. Delegate substitution can be made prior to the course (at least 5 days) and should be communicated accordingly.
5. Global Standards reserves the right to change dates, program or locations due to unforeseen circumstances and availability.

MAILING ADDRESS

Training Department

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FOR OFFICE USE ONLY

Delegate Registration Confirmation with all requirements	Review of Training Department	Approval of Operation Department