

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:

Company: _____ Address: _____
 Telephone/ Mobile#: _____ Email: _____

ACCREDITED COURSES

ISO 9001	ISO 45001	ISO 14001	ISO 27001	ISO 22000	ISO 50001
		ISO 13485		ISO 37001	
5-DAYS LEAD AUDITOR COURSE		2-DAYS INTERNAL AUDITOR COURSE		3-DAYS CONVERSION AUDITOR COURSE	
1-DAY AWARENESS PROGRAM				2-DAYS INTERNAL AUDITOR TRAINING	
INDIVIDUAL				IN-HOUSE	

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.
6. Attach latest CV/ resume in the email with this filled form.

Training Department

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 W: www.globalstandards.com.pk

FOR OFFICE USE ONLY

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