



**WELDING INSPECTION TECHNOLOGY
 REGISTRATION FORM**

PLEASE TYPE OR WRITE IN BLOCK LETTERS

FULL NAME: _____
 COMPANY: _____
 DESIGNATION: _____
 MAILING: _____
 TELEPHONE: _____
 FAX: _____
 EMAIL: _____

I AM INTERESTED IN: WELDING INSPECTION TECHNOLOGY

I AM SPONSORED/ NOT SPONSORED BY MY COMPANY

TOTAL FEES: _____Kyat (all inclusive) Full Time Batch/Part Time Batch (Please Circle)

MODE OF PAYMENTS:

CASH KYAT _____ DATE _____

CHEQUE KYAT _____ DATE _____

Terms & Conditions

- Any cancellation made before closing date-The amount will be refunded with the deduction of 10% administrative fee.
- Any cancellation made after closing date- No refund
- FEG reserves the right to cancel or reschedule the course and amend the course contents when necessary.

 COMPANY STAMP & SIGNATURE

 SIGNATURE OF CANDIDATE