



REGISTRATION FORM For OHS Courses

Please print out this Registration Form, fill in all the details and fax it to the FHRD on 21381945. The original copy with all information, together with the relative payment or Local Purchase Order, should be forwarded to:

**The Foundation for Human Resources Development
1, Triq il-Kampanella
San Gwann SGN 1050**

Kindly provide all details as requested:

COURSE/EVENT Title: _____

Dates : _____

Fee: FHRD Member: _____ **Non Member:** _____

Tick as appropriate

I am

A Corporate Member

An SME Member

An Individual Member

A Student Member

A non-member

PERSONAL DETAILS

Name & Surname: _____ Job Title: _____

e-mail address: _____ Tel. No: _____

Invoice to be sent to:

Company/Agency / Department * _____ VAT NO * _____

* If not applicable please write N/A

Address: _____

Please indicate how you would like your name to appear on the Attendance Certificate

METHOD OF PAYMENT

- Cheque enclosed (payable to The Institute of Health & Safety Ltd) – Cheque No. _____
Issuing Bank _____
- Local Purchase Order No. _____

CANCELLATION POLICY

Bookings will be confirmed strictly against payment or Local Purchase Order. Cancellations are accepted by the deadline stipulated in the flier. Should you not show up, then the full fee remains due. However substitutions of delegates will be accepted.

Data Protection:

All information provided in this form is exclusively for the use of the FHRD and will not be disclosed to third parties. All information provided will be treated in the strictest confidence.