
Training Course Registration Form

To : Lloyd's Register Quality Assurance Limited
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Shun Tak Centre
168-200 Connaught Road Central
Hong Kong
Attn. : Ms Flora Wong
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Please reserve places for following course :

Course Date	Course Title

Delegate Name (in BLOCK letters)	Job Title

Company Name :	
Address :	
Telephone :	
Email Address :	
Facsimile :	
Contact Person :	
Job Title :	
Signature :	

Notes: Please complete a separate Registration Form for each Course.

Please forward your cheque (payable to "Lloyd's Register Quality Assurance Limited") with the Registration Form.

LRQA is a member of the Lloyd's Register Group



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