Registration form

Recurrent Safety Inspector Course

Date: Saturday February 1st and 8th, 2020
Time: 8.30 am till 12.30 pm
Location: QESH Services N.V. Barcadera 135

NAME PARTICIPANT(S)	DATE OF BIRTH	PLACE OF BIRTH

COMPANY NAME	
ADDRESS	
E-MAIL CONTACT PERSON	
PHONE NUMBER CONTACT PERSON	

Confirmed or stamp:
Date of registration: _____

By: _____

Signature: _____

Return filled out registration form to: **larissa.kuiper@qesh-aruba.com**

☐ We pay by bank transfer on bank account number:

Aruba Bank 2271490190
Swiftadres: ARUBAWAXXXX;
Adres: Gaya G.F. Betico Croes 41, Oranjestad
Too: QESH Services N.V.