



Dynamic Positioning and Control Systems

Norr Systems Training Center

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Singapore 528886

Tel : +65-6785 0500 Fax : +65-6785 0600

Course Registration Form

COURSE

Course Title	:	_____
Course Date	:	_____

STUDENT INFORMATION

Name	:	_____		
Address	:	_____ _____ _____		
Telephone No	:	_____	E-mail :	_____
Date of Birth	:	_____	Attendee Signature :	_____

COMPANY / VESSEL INFORMATION

Company Name	:	_____		
Vessel	:	_____		
Vessel Tel No.	:	_____	Vessel Fax No. :	_____
Vessel E-mail	:	_____		
Position / Title	:	_____		
Maritime License	:	_____		
or Document	:	_____		
DP Experience	:	_____	Year(s)	_____

BILLING INFORMATION

Payment method	:	<input type="checkbox"/>	Cash	<input type="checkbox"/>	Telegraphic Transfer
		<input type="checkbox"/>	Cheque	<input type="checkbox"/>	Bank Draft
Please make payment payable to Norr Systems Pte. Ltd.					
Total billing amount	:	_____			