REGISTRATION
CERTIFICATION REVIEW SHORT COURSE
June, 2009
Iran

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1. Full Name _____
(Forename) (Middle) (Family Name)

☐ Mr. ☐ Ms. ☐ Dr.

2. Job Title: _____ _____

3. Addresses:

E-mail Address: _____

Residence: Street _____

City _____ Country _____ Zip/ Postal Code _____

Telephone No.: ( ) _____ Fax No.: ( ) _____

4. ***SPE Member Number:*** _____

_____
Signature

_____
Date

PAYMENT
Please check the box that applies to your method of payment:

☐ Visa/MasterCard ☐ Bank Transfer
☐ American Express

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐☐☐
Credit Card Number Expiration Date

Three day short course registration fee US$800

Name as it appears on card _____
Complete billing address of card _____
_____

For Bank Transfer Payment:
HSBC Bank, Jebel Ali, Dubai, U.A.E.
Swift Code: BBMEAEAD
Account No: 035-129709-100 USD
Account Name: SPE Middle East

Please Submit To:
SPE Middle East
PO Box 502217
Knowledge Village
Dubai
UAE