

PORTNET® TRAINING REGISTRATION FORM

- 1 The registration form should be completed in BLOCK LETTERS and faxed to 6321 1006.
- 2 Portnet.com reserves the rights to cancel or re-schedule a particular course as it deem necessary.
- 3 A confirmation letter, together with the course program will be sent to all successful participants' two days before the commencement of the course.

PART I COMPANY'S PARTICULARS

Company Name:	Office Tel No:	Office Fax No:
Company Address:	Business Type (Please Tick):	
Portnet Account No:	Container Shipping Line () Conventional Shipping Line () Haulier / Freight Forwarder () Others: _____	

PART II DETAILS OF PARTICIPANTS

Full Name of Participant :	Designation:	
Office Tel No:	Business Mobile No:	Office Fax No:
Name & Signature of the Data Security Administrator:		
_____		Date: _____

PART III SELECTION OF MODULES

Course Module	Tick to Select	Course Module	Tick to Select
1) Data Security Administrator		6) Container Documentation (3)	
2) Vessel Documentation (Container)		7) Special Container Services & Vessel & Container Information Services	
3) Vessel Documentation (Conventional)		8) Haulier Documentation (1)	
4) Container Documentation (1)		9) Haulier Documentation (2)	
5) Container Documentation (2)			