**PARTICIPANT TRAINING REGISTRATION FORM**

**HSE-SP Management in Contracts**

Completed Registration Form send to:

Victoria.Vesnova@sakhalinenergy.ru

|  |  |
| --- | --- |
| **Date** |  |
| **Contractor name** |  |
| **Address****registered /****actual** |  |
| **Contact person** |  | **Position** |  |
| **E-mail address / phone number**  |  |
| **Participant FULL NAME**  |  |  |  |
| **Position** |  |
| **Participant** **e-mail address** |  | **Participant phone number** |  |
| **Industry, list of main products/materials****/services provided by contractor**  |  |
| **Region in which contractor operates** |  |