**PARTICIPANT TRAINING REGISTRATION FORM**

**HSE-SP Management in Contracts**

Completed Registration Form send to:

[Victoria.Vesnova@sakhalinenergy.ru](mailto: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** |  | | |