



IAMU Asia LNG Education & Training Center



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Date: _____
Name: _____ Date of Birth _____
Mailing Address: _____
City, State, Zip Code: _____
Telephone: _____ Email: _____
Emergency Contact: _____ Telephone: _____
Present License: _____ Issue: _____ Date: _____

COMPANY INFORMATION :

Company Name: _____
Street Address: _____
City, State, Zip Code: _____
Telephone: _____ Fax: _____
Email: _____ Contact Person: _____

COURSE : Trainer Training Course

Table with 3 columns: COURSE, Course Start, Fees. Rows include LNG Refresher (6 weeks), LNG Conversion (8 weeks), LNG Conversion (10 weeks), and LNG Conversion (14 weeks).

ACCOMODATIONS :

Hotel Reservation Required: Smoking: Guest will accompany:
School Accom.(Training ship) Smoking: Guest will accompany:

Arrival Date: _____ Departure Date: _____

Other Accommodation Requirements: _____

PAYMENT :

Tuition: Invoice Company: Pre Pay: Pay at Check-In:

Amount: _____

Lodging: Invoice Company: Pre Pay: Pay at Check-In:

Amount: _____

To pre-pay with a Bank transfer, please transfer to :

Bank : NACF

Swift Code : NACFKRSE094

Account Number : 904-01-018366

Account Holder : IAMU Asia LNG Education & Training Center(ALETC)

"I certify that the above information is true and correct to the best of my knowledge. I understand that falsification or deliberate omission of any information may result in immediate dismissal from class without a refund of tuition."

Signature

*** All charges must be paid on arrival or prepaid.*