REGISTRATION FORM

SAL TRAINING CENTRE

5 Third Street, Newport West, Kingston 13, Jamaica W.I.

Check Course:

☐PFSO (Port Facility Security Officers' Course) ☐A/PFSO (Advanced Port Facility Security Officer's Course)

☐Other (please specify) _____

Participants' Details:

Name	Position	Contact Details (e-mail address & telephone)

Company Details:

Name _____

Address _____

Telephone _____ **Fax** _____

E-mail _____

Contact Person _____ **Telephone** _____

E-mail (Contact Person) _____

Cost of Course:

_____ **per person**

Payment Details:

O Cash **$**

O Cheque No _____

Payable to – SECURITY ADMINISTRATORS LIMITED

E-mail completed form to:
The Training Officer
at sal@kwljm.com

Deliver original registration forms and payments to our office.

Security Administrators Limited - The Marketing Department
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