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**IECQ 5-Day HSPM Technical Training Workshop Registration Form:**

Please forward registrations to Donna Croft [info@iecq.org](mailto:info@iecq.org) and cc [donna.croft@iecq.org](mailto:Donna.Croft@iecq.org)

Please complete using English only

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| --- | --- | --- | --- | --- |
| **Workshop Location: Hybrid / SGS Shenzhen** | | | **Dates: 12 to 16 May 2025** | |
| **Participant(s) from IECQ CB’s** | | | **Workshop ID: TWSHH20** | |
| IECQ CB Name: | | | | |
| IECQ CB Address: | | | | |
| IECQ CB Contact Person: | | | | IECQ CB Contact E-Mail: |
| Participant(s) | | | | |
| Title  Mr., Ms. | Family Name | Given Name(s) | | E-Mail: |
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**Please select a payment method:**

**IECQ CB Members** Please invoice in CHF including a wire transfer fee to IECQ CB as detailed above

**IECQ CB Resources paying directly** Please invoice in CHF and provide a Payment Service link so I can pay by using one of the international cards accepted.

Types of International Cards accepted Visa, MasterCard, American Express, PayPal, JCB and ChinaUnionPay.

**Registrations are not refundable.**