



IADC
GATEWAY

Gateway™ Program

Request for Information

Company Requesting Information

Name of company or institution:

Type of company/organization:

- Community College University
 Commercial Training Organization Nonprofit Training Organization Other (explain below)

Contact Information

First (Given) Name:

Middle Name:

Last (Family) Name:

Phone:

Fax:

Alternate #:

Email Address:

Address Line 1

Address Line 2:

City:

State:

Country:

Zip/Postal Code:

Reason for Information Request

- Intending to apply for accreditation
 Considering possibility of applying for accreditation
 Other (Explain below)

Documents/Information Requested

Curriculum document Application Fee Schedule Program Flyer

Other information requested (Please list your questions or other requests below):

Note: If interested in applying for Gateway accreditation, the company must also hold, or seek, IADC RigPass and WellSharp accreditation for the Awareness level course.

AGREEMENT

Please read the following agreement carefully; then confirm your agreement. Return the form to IADC.

Contingent on receipt of documents and information by the International Association of Drilling Contractors ("IADC") related to the Gateway™ Program, and in consideration of the disclosure of proprietary information by IADC, the Receiving Party (the person and/or organization listed on Pg. 1 of this document) hereby agree to the following conditions:

- 1) to hold the proprietary information in strict confidence and to take all reasonable precautions to protect such proprietary information,
- 2) not to disclose any such proprietary information or any information derived therefrom to any third party
- 3) not to make any use whatsoever at any time of such proprietary information except to evaluate internally its potential to apply for accreditation through IADC
- 4) not to copy or use any such proprietary information to create a program that competes with IADC's Gateway program.

The Receiving Party shall ensure that its employees, agents, and sub-contractors to whom Proprietary Information is disclosed, or who have access to Proprietary Information, are aware of and agree fully to this agreement.

By checking this box, I am indicating that I understand and agree to IADC's terms regarding this request for information about the Gateway Program.