

CONFERENCE REGISTRATION FORM

IADC International Well Control 2020 Conference & Exhibition

13-14 October 2020, Radisson Blu Scandinavian Hotel, Oslo, Norway

Please complete the entire form. Duplicate this form for additional registrants.

Registration also available online at http://www.iadc.org/event/we2020/

Mr./Ms.		First (Forename) Name		Mid. Init.	Last (Fam	ily) Name		
Name to	be prir	e printed on your badge			Job Title			
Traine to be printed on your bauge								
Company								
Office Address / PO Box								
City						State	Zip/Postal Code	
Country			Attendees E-Mail A					
Office Nu	ımber		(IMPORTANT: Ple	IMPORTANT: Please complete to obtain a receipt & conference proceedings) Mobile Number				
Registration Fee:								
() IADC Member: Euro 750 () Non-Member: Euro 937								
Cardholder Name: Cancellations cancellations are subject to a Euro 20 processing fee. No refunds for cancellations after 13 September 2020. Payment must be made prior to the conference. Admittance will not be granted if payment is not received. Please check the payment method of your choice: Wire Transfer MasterCard Visa AMEX Credit Card Number: Exp. Date: CVV:								
T C	Cardholder Address:							
CREDIT (City:							
CR								
	Phor	Phone:Signature:						
WIRE TRANSFER	Acct. No. 1358.53.206							
PLEASE RETURN COMPLETED REGISTRATION FORMS TO: europe@iadc.org								