

GSAS SERVICE PROVIDER LICENSE

Operations

(Application Form)



Service Provider & CGP Information

Org. Name:

Address:

Country:

Tel:

Fax:

Email:

Website:

CGP Name:

GSAS ID:

Signature:

Date:

GSAS Service Provider Fees

Fees -

Total Amount QR / SR / US\$:

REQUIREMENTS:

1. Valid company commercial registration (Local or International)
2. Valid one GSAS-OP certificant

REGISTRATION:

1. Please complete & submit this application form
2. Request for GORD invoice prior to making any payment
3. Membership will be activated upon receipt of full payment
4. Paid amount is non-refundable in any case and for any reason

BENEFITS:

- One Year membership
- Access to electronic GSAS Publications relevant to license type
- Listed on www.gord.qa
 - Logo Placement
 - 100 Words (write-up)
- Access to GSASgate
- Priority in registration for GORD events/ workshops/ CPDs