

REGISTRATION FORM

CLASS NAME : _____
 PERIOD : _____
 PRICE (IDR/USD) : _____

Please fill this form completely and send by email to info@multimatics.co.id

PERSONAL

Name : _____
 Phone : _____ Mobile: _____
 Email Address : _____
 Place/Date of Birth : _____, ____/____/____ (dd/mm/yyyy)
 Gender : Male / Female

Address : _____
 Registered by : Company / Individual

COMPANY

Job Title : _____
 Company Name : _____
 Address : _____
 Phone : _____ Fax: _____

If you are registered by the company:

Approved by : _____
 Job Title : _____

Training payment can be transferred to:

PT. Lifelong Learning, BCA – KCP MD Tower, Account: 5700-302-689 (IDR)

Policy:

1. In order to secure a place, all registration form and training fees must be sent to Multimatics by no later than three days before training. Cancellation must be made in writing and must reach Multimatics prior to one week before the training.
2. You will be registered if you have sent this Form Registration and make FULL payment. If not, you can not conduct the exam and receive the certificate.
3. If Multimatics cancels the class, for whatever reasons such as not enough number of students, Multimatics shall inform the participants in writing. The program will be re-scheduled based on mutual agreement. If there is no agreement than payment done prior to the cancellation amount by Multimatics shall be fully refunded in maximum 2 weeks.
4. If participant cancels his attendance to the course within one week prior to or on the training day, the participants will still have to pay the course fee as indicated in the invoice.
5. By signing this Registration Form, it means that you agree with the existing rules and Registration Form is considered valid as legal document.

The undersigned fully accepts the Multimatics Policy of this form.

Participants

Approved By – From Company

Company Stamp

(Name / Date)

 (Name / Date)