

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 have registered by company:

Approved by : _____
Job Title : _____

Registration for 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 not later than three days before training. Cancellation must be made in writing and must reach Multimatics before one week before training.
2. You will be registered if you have sent this Form Registration and do FULL payment. If not, you could not conduct the exam and receive the certificate.
3. If Multimatics cancels the class, for whatever reason like not enough number of students, Multimatics shall inform the participants in writing. And the program will re-schedule based on mutual agreement. If there is no agreement than payment done prior to the cancellation amount by Multimatics shall be fully refunded 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 documents.

The undersigned fully accepts the Multimatics Policy of this form.

Participants

Approved By – From Company

Company Stamp

(Name / Date)

(Name / Date)