

TRAINING REGISTRATION SHEET

First name and surname of the participant _____

Company _____

Role _____

Organization Information

Address _____

Zone code _____ Phone _____ Telefax _____ E-mail _____
(participant)

VAT _____

Commodity _____

Confirm my participation in the training session titled Customer Specific Requirements (CSR)

To be held on _____

Cost €.600,00/each participant + IVA 20% (*), to be paid to:

- ◆ by not transferable Banking or circular check headed to Plexus Management Systems S.r.l. the first day of the class
- ◆ by bank transfer on IBAN IT86F060850100000000020552 - C/C 20552 BANCA : CASSA DI RISPARMIO DI ASTI – Filiale di Torino within the date of run beginning (send photocopy of the payment by fax).

Data

Signature

You are kindly requested to complete and send the sheet by fax within and not beyond the 8 days antecedent the date of the training: Fax ++ 39 011 5088940 - Tel.++39 011 5233555 (Administration)/++39 011 5681954 (Technical Office)
For possible further information call ++ 39 0115681954 from : 8.30- 13.00 and 14.00- 17.00.

Times of the renouncement: a) Superior to 10 days before the beginning of the class: restitution of the quota; b) Inclusive between 10 and 3 days before the class: payment of the 50% of the quota; c) Inferior to 3 days before the beginning of the class: payment of the whole quota.

(*). The rate includes, the training material, the coffee breaks and the launches..

N.B.: PRIVACY

The picked information shall be inserted in our bank data and used for free dispatch of documentation on the Plexus Management Systems Training program and periodic publications.

According to the Italian law. 675 of the 31.12.96, if you don't desire to receive further communications please flag the box