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| Pelatihan |   |
| Tanggal Pelatihan |   |

|  |  |  |  |
| --- | --- | --- | --- |
| **Nama** | **Pendidikan Terakhir** | **Gol Darah** | **Nomor WA Peserta** |
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 **Data Peserta Training**

 **Formulir Pendaftaran**

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**Data Perusahaan**

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| --- | --- |
| Nama Perusahaan yang akan dicantumkan di Sertifikat |  |
|  |
| Alamat Perusahaan yang akan dicantumkan di Sertifikat |  |  |
|  |
| Alamat Pengiriman Invoice |  |  |
| *\*mohon melampirkan NPWP\** |  |  |
| PO / SPK |  Ada Tidak |  |
| Alamat pengiriman Dokumen (sertifikat) |  |  |
| Contact Person |  |  |
| Jabatan |  |  |
| Telepon/fax |  |  |
| Email |  |  |

**Pembayaran :**

Cash / Transfer

Bank MANDIRI KC Bekasi Juanda No. Rek. 156-00-1363251-0 atas nama PT. SURYA GEMILANG TRIDAYA

|  |  |  |  |  |  |  |  |
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Catatan :

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| ***\* Formulir pendaftaran bersifat mengikat dan pembatalan 1 (satu) minggu sebelum pelaksanaan pelatihan, dikenakan biaya sebesar 100 %. Mohon membayarkan DP 60% sebelum pelatihan dilaksanakan.***

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| ***\* Persyaratan Pelatihan mohon dikirimkan bersamaan dengan pengiriman Formulir pendaftaran H-7 sebelum pelatihan***Bekasi ………,……………… |
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(\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
 Nama Lengkap Pemesan dan Cap Perusahaan