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| Pelatihan |  |
| Tanggal Pelatihan |  |

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| --- | --- | --- | --- |
| **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.***   |  | | --- | | ***\* Persyaratan Pelatihan mohon dikirimkan bersamaan dengan pengiriman Formulir pendaftaran H-7 sebelum pelatihan***  Bekasi ………,……………… | |  | |
|  |

(\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  
 Nama Lengkap Pemesan dan Cap Perusahaan