

REGISTRATION FORM FOR OPEN TRAINING

PLEASE COMPLETE THE CARD LEGIBLY AND SEND IT TO THE EMAIL ADDRESS: contact@qualitywise.pl

Training name:..... **Training date:**.....

Training form (onsite, on-line):

INVOICE DATA:

Company name:.....

Address:.....

VAT:.....

INVOICE SEND TO:

Company name:.....

Address:.....

Email:.....

I consent to the invoice being sent in electronic form to the e-mail address provided above.

PARTICIPANTS LIST

Lp.	Name	Surname	Company	Position	e-mail address
1					
2					
3					
4					
5					

I consent to the processing of participants' personal data for the purposes of the training.

Sending the form is tantamount to accepting the terms and conditions of opened training*

Payment for participation in the training together with the applicable VAT rate we will transfer to Qualitywise Agata Lewkowska account after confirming the application and receiving the invoice, within 14 days from the date of its issue (please enter the name of the training and date on the transfer) to account number PL95 1140 2004 0000 3912 2101 4230, BIC/SWIFT: BREXPLPWMBK. We authorize Qualitywise Agata Lewkowska to issue a VAT invoice without the recipient's signature. We agree on issuing the references after the training.

Absence of the reported participant does not exempt from full payment for the training.

Please send confirmation of acceptance to the training to:

Name and surname:.....

Address e-mail:.....

The certificate after the training shall be sent to the address (if different than above).....

I consent to the processing of personal data for marketing purposes YES/NO

I consent to the sending of commercial information by electronic means of communication to the above e-mail address YES/NO

I consent to the sending of the Qualitywise newsletter to the above e-mail address YES/NO

.....
Place and date

.....
Signature and stamp of the person authorized to place orders