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 IN ELECTRONIC FORM SEND TO:

Company name:.....

Address:.....

.....

Email:.....

PATRICIPANTS LIST

Lp.	Name	Surname	Position	E-mail address	Phone no.
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 account after confirming the application and receiving the invoice, within 7 days from the date of its issue (please enter the name of the training and date on the transfer). 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

*The training terms and conditions are available at www.qualitywise.pl.