

REGISTRATION FORM

Please complete and return or fax this Registration Form to IM2 Education Center

Name of Contact Person :
 Title :
 Company Name :
 Line of Business :
 Company Address :
 Phone / Fax / Mobile : e-mail :

Course(s) selected and data of Participants:

No	Name of Attendee	Title	e-mail	Course Title/Code	Course Date	Amount(Rp)
1.						
2.						
3.						
4.						
5.						

Payment Bank Transfer to :
 PT INDOSATM2
 Bank Mandiri Cabang Ragunan
 A/C: 127-00077 77772
(Please send your transfer receipt by fax)

Term and Conditions

1. Reservation will only be confirmed when this form is signed and full payment is made.
2. Cancellation/Re-scheduling are subject to an administration fee equivalent to:
 - Less than 7(seven) working days notice 25% Training Fee
 - On Course date 100% Training Fee

Payment and Invoice

Payment is required with registration and must be received before the course.
 Invoice will only be issued upon request.

Deadline

Payment is requires with registration and must be received 7 working days before the course to guarantee your place

I have read and agreed to abide by the Registration Term & Condition for the provision of Education Services by PT INDOSATM2

Accepted by Client

Confirmed by PT INDOSATM2

Name : _____
 Date : _____

Name : _____
 Date : _____

General Enquiries

Training Administrator – IM2 Education Center
 Phone : +62 21 7854 6969 ext 120
 Fax : +62 21 7854 6867, 7883 0569
 e-mail : educationcenter@indosatm2.com