REGISTRATION FORM

Form 4 - 2017



Training Tittle : LIFTING GEAR INSPECT	0/2	
Training Date(s) : 7 OCTOBER - 9 OCTO	7BER 2020	
Name of Participant(s)	E-Mail / Phone No.	T-Shirt Size
1. Mr/Ms SUPASAIK PROMPHAK	Surosak. Promphak a vallantholdings. com.	L
2. Mr/Ms SUMAPHTO BIN SUMAPOL	Surasak, promphak & Valuantholdings can	iM
3. Mr/Ms BAGUS MUGRAHA	Bogus. Hugraha a valuant holdings com	L
4. Mr/Ms		
5. Mr/Ms		
6. Mr/Ms		
7. Mr/Ms		
B. Mr/Ms		
9. Mr/Ms		
10. Mr/Ms		
Company Name : PT. UNITED SINDO PERKASA	+	
Address : JALAN RAYA PELABUHAN	4 LAIMA, KABIL, KECAMATAN MONCCA,	BATAM
Contact person : LINOA	Designation : HQ	Dept
Phone No. : 08/2 70083772 Fax No.	E-mail : Linda. u	se@ vallianz holdings.co
For official use only (to be completed by PT Rigspek	Perkasa)	
Remark	Confirmed by :	

Term & Condition

- Please complete this registration form and return to us via email <u>training@rigspekperkasa.com</u>.
- You may use your organization Purchase Order to replace this form by fill the Name of Participant(s), Training Tittle, Training Date(s), Contact Person, Phone No, Fax and E-mail

Payment

All payment should be transferred to PT Rigspek Perkasa. Bank Mandiri, KCP Imam Bonjol. A/C: 109-00-0613634-5 (IDR)

Venue

Venue will be informed to contact persons

Withdrawal and Replacement

- Once registration is confirmed, no cancellation is allowed.
- If the registered participant unable to attend the training, another participant to change is allowed or if not, cancellation fee below are applied. Duplication of this form is allowed when necessary.
- Cancellation Fee :

1 week before commence : 10% from training fee
3 days before commence : 30% from training fee
1 day before commence : 50% from training fee
On commence day : 100% from training fee

On Behalf Of Pt. United Syndo Parlag
Signature & chay
Date : 1 oct Dow
Name : Lottette
Designation: Snk HR/ Manager