
HEADWAY CONSULTING

TRAINING REGISTRATION FORM

Course Name: _____ Date: _____

Company: _____

Address: _____

Contact Person: _____

Tel: _____ Fax: _____ Email: _____

Payment Total (in Rupiah): _____ Payment Date: _____

Participant (1): _____	Tel: _____	Email: _____
Participant (2): _____	Tel: _____	Email: _____
Participant (3): _____	Tel: _____	Email: _____
Participant (4): _____	Tel: _____	Email: _____
Participant (5): _____	Tel: _____	Email: _____

Signature & Company Stamp

Terms and Conditions:

1. To enroll, please complete the form above and fax it to (021) 5890-2125.
2. Send the appropriate fee no fewer than **10 days** before the starting date of the training by contacting our office.
3. The organizer reserves the rights to cancel this registration, if payment is not received before the course starts.
4. Enrollment fee is not refundable unless the organizer is notified in writing of your withdrawal at least 10 working days before the course commences. A thirty percent & full payment of the course fee will be chargeable for any cancellation within 7 & 3 working days, respectively.
5. An applicant may, subject to the approval from the organizer, nominate a substitute to attend the course on his/her behalf.
6. Headway Consulting reserves the right to reschedule the course due to unforeseen circumstances and to refuse service to a particular participant(s).