

SEMINAR REGISTRATION FORM

28 – 30 SEPTEMBER 2017

Please type the title of seminar that you are interested in...

Seminar Title: _____

Personal Information

1. Name: _____

2. Position: _____

3. Company: _____

4. Address: _____

_____ Postal Code: _____

5. Telephone: _____

6. E-mail: _____ Fax: _____

Please email this Registration Form to silvia@pelitapromo.com or fax to (62) 21 5325887