

APPLICATION FOR THE TRAINING

Application should be sent to fax: +48 71 796-73-61 or e-mail: szkolenia@akkom.net.pl

Submitter:

Phone number:

E-mail:

Company's full
name:

Company's
address:

VAT ID:

Participant name and surname	E-mail	Phone number

Training name:	AutoCad - Basic course
Date of training:	
Place of the training:	

We will pay the training fee in the amount of no later than 3 days before the beginning of the training on Your account: mBank: 50 1140 2004 0000 3002 4114 0202	 Date, Signature and authorized person stamp
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