



SAMSON TIARA

REGISTRATION FORM

To register for our public training, simply complete this form. Please use a separate copy for each person attending. Fax, e-mail or mail your completed form to:

Course Code: _____

Course Title: _____

Course Date: _____

Name in Full: _____

Date of Birth: _____

Company Name in Full: _____

Mailing / Invoice Address: _____

Contact Person: _____ Tel: _____ Fax: _____

Payment:

Payment for courses to be made by wire transfer to: Bank Panin, Jl. Jend. Sudirman No.1, Senayan, Jakarta 10270, Acct. No. 1006 513 413 (USD) and 1005 618 641 (IDR)
Beneficiary: PT. Samson Tiara

Accommodation:

If you require accommodation in close proximity to the training center please choose the 2 options on "GENERAL INFORMATION", write here:

(Accommodation cost will be reimbursed to client)

PT. SAMSON TIARA *Safety & Survival Training*

Cilandak Commercial Estate, The Garden Centre #6-03, Jl. Raya Cilandak KKO, Jakarta 12560, Indonesia
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