APPLICATION

**LICENSED ONLINE TRAINING**

**LICENSED ONLINE TRAINING - ID 503 Product Safety & Conformity Representative (PSCR) PERSONAL DETAILS** Dates: 27 - 28 October 2021

Name of organization:

Address:

Phone:

ID VAT:

**PARTICIPANT OF TRAINING**

Name, Surname: Job title:

Phone:

e-mail:

IBAN (Bank Account):

mail:

**P**Ba**A**se**T**d**R**on**IC**a**I**b**P**in**A**di**T**ng**IO**ap**N**pli**F**ca**E**tio**E**n, we will send you an invoice for the full price for the training. By paying the invoice, you will secure your participation at the training. By not paying the invoice, your binding application is considered irrelevant. In case of non-participation, it is possible to check out no

later than 5 working days before the training. The participation fee is not refundable, it is possible to send a substitute.

**Bank transfer information**

Bank: Tatra Banka a.s.

Text for the recipient: number of invoice

IBAN: SK39 1100 0000 0026 2153 5285 SWIFT: TATRSKBX

ID VAT: SK2020699527

In case of interest, please, contact us by e-mail at konferencie@ssk.sk or by phone on mobile 00421905 956 311

In ............................... date Signature / Stamp: