



APPLICATION FORM

ATEX/IECEx - Training of explosion protection

May 22, 2018 in Karlskrona

PRICE - 4500 SEK + VAT

DETAILS OF TRAINING PARTICIPANTS:

Name of the training participant	Position	Telephone number	Email Adress
INVOICING ADRESS:			
Company name:			
VAT Number:			
Company Address:			
submitted no later than five participant undertakes to co Official joining details will be relevant information.ASE reserves the right to can	days before the training. In case of ver the total cost of participation sent 2 weeks prior to the training	of cancellation of training in le in training. g date and will include locatio of bookings be less than the r	e the training. Cancellations can be ess than 5 days before the training, the n details, course timings, and any othe ninimum required for the training.
DECLARATION:			
I agree to the terms and conditions list	ted on this application form and a	gree to pay in accordance wit	h the payment terms detailed above:
Date and Signed:			
Applications	should be sent by email	to the address: trainir	ngs@ase.com.pl

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NIP UE PL 5830000049; Prezes Zarządu Dariusz Jachowicz, KRS 0000097059 Sąd Rejonowy w Gdańsku VII Wydział Gospodarczy Krajowego Rejestru Sądowego;
Kapitał zakładowy 60 000 zł; Bank Handlowy w Warszawie S.A. Oddział w Gdańsku Numer konta: 66103015080000000800400007