



EXAM: (*required fields)

NAME*
NUMBER* LANGUAGE*
DATE* DD/MM/YY: HH/MM: LOCATION* CRACOW WARSAW

NAME OF THE PERSON ORDERING AN EXAM (*required fields)

NAME*
ADDRESS* TOWN,P. CODE*
TAX ID/ PERSONAL ID* TELEPHONE

LIST OF PARTICIPANTS: (*required fields)

	NAME AND SURNAME*	VUE ID*	VOUCHER	E-MAIL*	PHONE NUMBER*
1.
2.
3.
4.
5.

ORDERER'S STATEMENT:

- We declare that we have received and accepted the "General Regulations of Participation in the Compendium Education Center Ltd. exams". We confirm that they are available at www.compendium.pl. We also accept that we are bound by the Regulations' provisions.
- Form of payment:
 - Bank transfer to the Compendium EC Ltd. account
(exams can be taken conditional on the full exam fee being paid prior to the exam to the Compedium bank account)
 - Other forms od payment
(payment must be agreed with the Compendium EC Ltd. Sales Department before sending this registration form)
- Exams can be cancelled, and their dates and times changed no later than 24 hours prior to the prebooked commencement date (unless otherwise specified by the manufacturer). Exams must be taken on the day specified in the booking. Failure to take an exam or cancel it at the time specified will result in the full payment for exams booked but not taken on the day being required by Compendium EC Ltd.
- We hereby authorize Compendium EC Ltd. to issue a VAT invoice without a receiver's signature.
 - We hereby agree that our personal data contained in this registration form will be placed in the Compendium Education Center Ltd. database and used for marketing purposes.
 - We hereby agree to receive business information by e-mail from Compendium EC Ltd. as well as his business partners, pursuant to the law of July 18, 2002 on services provided be electronic means.

TOTAL AMOUNT TO PAY SAY

DATE OF THE REGISTRATION

LEGIBLE SIGNATURE

COMPANY STAMP

