

## REGISTRATION FORM

Name Pallawalipu  
Company PT. Trakindo Utama  
Position Customer Relation Drill Sr. Supv  
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E-mail pallawalipu@trakindo.co.id  
Contact Person \_\_\_\_\_

Type of package (s):

2 day Workshop

Signature,

  
**PT TRAKINDO UTAMA**  
( Pallawalipu )

Please put company stamp on your signature if you are a participant from company  
Send this form to: [balinga.utama@gmail.com](mailto:balinga.utama@gmail.com)

Need further information please call: +62 811 290 7273 (contact person: Ms.Imelda)

If the participant enrolled to cancel these course, it is required to payfull course unless the cancellation has been made in writing for minimum 7 days before the workshop start.

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