

Please complete the details below , sign it and fax it to:
+40 21-344 01 07 or send it by e-mail at **office@aleron.ro**.

A. Course Details

Nr. Crt.	Participant Name	Course name/Course code	Start date	End Date	Price (€)
1.					
2.					
3.					
4.					
5.					
6.					

B. Legal Invoicing Details

Company Name:	
Address:	
VAT number :	
IBAN:	
Bank:	
Telephone(include country code):	
Fax(include country code)	
Contact person: (Name, E-mail)	

Authorisation

I acknowledge and accept the general conditions available at <http://www.aleron.ro/content/courses--62.htm>

Company Representative:

Name _____

Date _____

Function _____

Signature _____