

ORDER FORM

Trainir	ng name:
Date and place of training:	
First n	ame, surname:
Phone	
Email:	
Payer ((company name):
Payer (address/contact):	
Payer (tax number):	
Comments	
I agree to purchase terms and conditions:	
1.	A Buyer accepts this order form upon which an invoice is issued. The invoice issued by Dagma sp. z o. o. does not require a signature of a Buyer.
2.	A Buyer is obligated to pay the total amount€ + VAT (tax) 23% due for a training in advance, at least one day before the scheduled date. The payment should be made to the following bank account: IBAN: PL 46 1020 2313 0000 3302 0031 8337 Kod BIC (SWIFT): BPKOPLPW Tax number PL 6340126068
3.	It is allowed for the another employee to participate in training to replace a person who has originally applied.
4.	In case of a resignation or a training rescheduling that is reported at least: - 5 working days before a planned training, 20% of total amount must be paid - 2 working days before a planned training, 100% of total amount must be paid - Not informing about absence in training obligates Buyer to cover 100% of total costs of a training. Organizer reserves the right to make changes to the training program.
- I ha ul.	Ereby confirm that I have been informed that: Entering my personal details in this form is optional I am entitled to access and correct my personal details, or can have them deleted ave the right to object to direct marketing of products and services of Dagma sp. z o.o. Pszczyńska 15, according to the Act of 29 August 1997 on the Protection of Personal Data ified text: Journal of Laws of 2014, item 1182 with amendments)
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Please print and sign the order form and send to us. Fax number: (32) 259 11 90 Email address: szkolenia@dagma.pl