



1. Participants information

Mr. Ms. Mrs.

Name: _____

Organisation: _____

Address: _____

Postal/Zip code: _____ City: _____

Telephone: _____

Fax: _____ E-mail: _____

2. Training Types

UBS ACCOUNTING BASIC TRAINING UBS INVENTORY BASIC TRAINING

UBS ACCOUNTING ADVANCE TRAINING UBS INVENTORY ADVANCE TRAINING

Amount paid : _____

3. Notes

Date: ____/____/____

Signature: _____