D A T A P ERUSAHAAN

Nama Perusahaan/Instansi : …………………………………………………………………………………………………

Alamat Perusahaan/Instansi : …………………………………………………………………………………………………

…………………………………………………………… Kode Pos : ……………………

No. Telp. : …………………………………………………………………………………………………

P ESERT A 1

Nama : …………………………………………………………………………………………………

Jabatan/Departemen : …………………………………………………………………………………………………

No. HP : …………………………………………………………………………………………………

Alamat Email

: …………………………………………………………………………………………………

P ESERT A 2

Nama : …………………………………………………………………………………………………

Jabatan/Departemen : …………………………………………………………………………………………………

No. HP : …………………………………………………………………………………………………

Alamat Email

: …………………………………………………………………………………………………

P ESERT A 3

Nama : …………………………………………………………………………………………………

Jabatan/Departemen : …………………………………………………………………………………………………

No. HP : …………………………………………………………………………………………………

Alamat Email : …………………………………………………………………………………………………

Formulir Registrasi dan Bukti Pembayaran dikirimkan selambatnya **3 Juli 2018** ke:

sekretariat@SupplyChainIndonesia.com

[**www.SupplyChainIndonesia.com**](http://www.SupplyChainIndonesia.com/)

**PELATIHAN PERSIAPAN**

**SERTIFIKASI KOMPETENSI PROFESI**

**SUPPLY CHAIN MANAGER**

**10-12 Juli 2018**

**Hotel ibis Styles Sunter Jakarta**

**Supply Chain Indonesia**

**Supply Chain Indonesia**

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