**PELATIHAN PERSIAPAN SERTIFIKASI KOMPETENSI PROFESI “SUPPLY CHAIN MANAGER”**

**HOTEL IBIS STYLES SUNTER, JAKARTA**

**BATCH 6**

**8, 9, 10**

**Mei 2017**

# DATA PERUSAHAAN

Nama Perusahaan/Instansi Alamat Perusahaan/Instansi

No. Telp.

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# PESERTA 1

Nama Jabatan/Departemen No. HP

Alamat E-mail

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# PESERTA 2

Nama Jabatan/Departemen No. HP

Alamat E-mail

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: .............................................................................

# PESERTA 3

Nama Jabatan/Departemen No. HP

Alamat E-mail

: .............................................................................................................................................

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Formulir Registrasi dan Bukti Pembayaran dikirimkan selambatnya **5 Mei 2017** ke:

**sekretariat@SupplyChainIndonesia.com**

**in in**