

Seminar/ Training Registration Form

Please mail or fax the completed registration form to our office:

PCG-Training & Development Services

PT People-Prime Consultant
 10th Floor, Hero 2 Building
 Jl. Jend. Gatot Subroto 177A
 Jakarta 12870
 Telephone : +21 828 2151
 Facsimile : +21 830 0963
 e-mail : training@peopleprime.com

**Apply at least 3 weeks
 before the program
 dates to enjoy a 10%
 Discount**

Please put "√" in the appropriate boxes:

I have read and hereby agree to comply with the cancellation policy in the event that this registration is cancelled and I also understand that payment of the training fee is required prior to the start of the program. Upon confirmation of registration, PCG shall issue an invoice of payment.

I would like to submit this application before the discount cut-off date, to claim 10% discount and shall comply with the terms.

Select The Module	Module	Fee Per Participant (before 10% VAT)	Program Date	Application submission Cut Off Date To Claim 10% Discount
<input type="checkbox"/>	Time Management	Rp. 1,600,000	14 March 2003	24 February 2003
<input type="checkbox"/>	Job Grading Design Based on Point Factors	Rp. 800,000	18 March 2003	27 February 2003
<input type="checkbox"/>	Introduction to Competency	Rp. 1,600,000	27 March 2003	7 March 2003
<input type="checkbox"/>	Competency Focus Interview	Rp. 2,700,000	15 – 16 April 2003	24 March 2003
<input type="checkbox"/>	Job Evaluation	Rp. 1,600,000	29 April 2003	8 April 2003
<input type="checkbox"/>	Performance Management	Rp. 1,600,000	7 May 2003	17 April 2003
<input type="checkbox"/>	Competency Based Pay	Rp. 1,600,000	8 May 2003	17 April 2003
<input type="checkbox"/>	Salary Administration	Rp. 1,600,000	9 May 2003	21 April 2003
<input type="checkbox"/>	Leadership for Managers	Rp. 5,000,000	10 – 12 June	23 May
<input type="checkbox"/>	Integrated Reward Management	Rp. 3,000,000	29 – 30 July	7 July 2003

Participant Information

Name : _____
 Title of Present Position : _____
 Company Name : _____
 Company Address : _____

 City/ Town : _____ Postcode : _____
 Telephone : _____ Ext. : _____
 Facsimile : _____
 e-mail : _____

Billing Information

(Please provide the following information if the invoice for participation should be directed to someone other than the participant)

Name : _____
 Title of Present Position : _____
 Company Name : _____
 Company Address : _____

 City/ Town : _____ Postcode : _____
 Telephone : _____ Ext. : _____
 Facsimile : _____
 e-mail : _____

Authorization (Person in Charge):

Authorized By : _____ Position : _____

Signature : _____ Date : _____