



CORPORATE TRAINING FORM

DATABASE SUBMISSION

GENERAL

Institution Name

Director

Company Profile

Click to insert LOGO
Size appx. 200 x 200 px.

City

State

Zip Code

Country

Phone No

Fax No

Email

Mailing Address or physical address

URL

Optional

Number/trainees

Program

Location

Starting date

Payment forms

Currency

CEO Name

Date submitted

Input of my name herein confirms my decision and equals to my signature. The date states the time of my commitment

Save the form under your name and forward as attachment to tielcus@intertesol.us