

REGISTRATION FORM

Education And Training



DATA

Full Name	
Full Address	
City	
State	
Zip Code	
Home Telephone	
Handphone	
Fax	
E-Mail	

Payment Information

Through Payments	
Bank Name	
Sequence number at atm	
Number Sage Transfer Of Evidence Form	
Transfer Date	
Transfer Time	

Together with this I do sign up to follow the education and training in IATA(International Al-Hijama Therapist Association), and will follow all rules and regulations therein.

Education or training selected

Education and training package selected (fill in the fields below):

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Register online with consultation, I will comply with applicable therein.

Full Name :	
Date :	

For more information please contact :

www.i-ata.org

Jl. Utama Ujung 334 Komplek PDK Cipondoh Indah

Kota Tangerang Banten Telp. 021-70522100

Email : informasi.online@yahoo.co.id

