



Debreceni Tesztelői Kerekasztal



## Application form

By filling and signing this application form I apply for the below detailed training organized by the Inter-University Center for Telecommunications and Information Technology. I hereby admit my payment obligation and confirm that I will pay the fee written on the respective bill filled according to the below written name and address.

Training	<input type="checkbox"/> ISTQB CTFL	<input type="checkbox"/> ISTQB CTAL-TAE
Date of the training		
<b>Personal data of the applicant</b>		
Name:		
Mother's name:		
Address:		
Place of birth		
Date of birth:		
Nationality:	<input type="checkbox"/> Hungarian	other: _____
Phone :		E-mail: _____
Number of personal ID / passport:		
<b>Billing data: (Fill only if different than the data above)</b>		
Name and contact information of administrator:		
Name:		
Address:		
Tax number:		
Postal address:		
Other information to be shown on the bill:		
<b>Payment information</b>		
Payment type:	<input type="checkbox"/> Bank transfer	<input type="checkbox"/> Cash

- I accept that cancelling the training is only possible in written form. Cancelling the training is free only not less than 5 days before it. Cancelling the training less than 5 days before it implies billing 20 percent of the training price.
- I accept that after paying the fee I cannot ask for paying it back if I miss or do not finish the training as a result of my own fault.
- The organizers keep the right to cancel the training. In case of cancelling the full fee of the training is payed back.
- In case of applying for CTAL TAE training at latest till the application deadline a copy of the CTFL exam certification and a certification from the employer about min. 24 months software development experience have to be attached.

The fee of the training has to be paid to the Bank Account Number 11600006-00000000-59715414 at Bank Erste of Inter-University Center for Telecommunications and Information Technology after receiving the bill but before the paying deadline show on it in order to make sure that it will be reviewed. Please include the number of the bill in the message of the transfer.

Date:

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signature