**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 | | | **ISTQB CTFL** | | | **ISTQB CTAL-TAE** | |
| Date of the training | | | Dátum megadásához kattintson ide. | | | | |
| **Personal data of the applicant** | | | | | | | |
| Name: | | | | Szöveg beírásához kattintson ide. | | | |
| Mother’s name: | | | | Szöveg beírásához kattintson ide. | | | |
| Address: | | | | Szöveg beírásához kattintson ide. | | | |
| Place of birth | | | | Szöveg beírásához kattintson ide. | | | |
| Date of birth: | | | | Dátum megadásához kattintson ide. | | | |
| Nationality: | Hungarian | other: Szöveg beírásához kattintson ide. | | | | | |
| Phone : | Szöveg beírásához kattintson ide. | | | E-mail: | Szöveg beírásához kattintson ide. | | |
| Number of personal ID / passport: | | | | Szöveg beírásához kattintson ide. | | | |
| **Billing data: (Fill only if different than the data above)** | | | | | | | |
| Name and contact information of administrator: | | | Szöveg beírásához kattintson ide. | | | | |
| Name: | | | Szöveg beírásához kattintson ide. | | | | |
| Address: | | | Szöveg beírásához kattintson ide. | | | | |
| Tax number: | | | Szöveg beírásához kattintson ide. | | | | |
| Postal address: | | | Szöveg beírásához kattintson ide. | | | | |
| Other information to be shown on the bill: | | | Szöveg beírásához kattintson ide. | | | | |
| Payment information | | | | | | | |
| Payment type: | | | Bank transfer | | | | 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: Dátum megadásához kattintson ide.

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signature