

APPLICATION FORM
for a training organized by VIX Automation sp. o.o.

Name and surname

Company name

Company address

Invoice information
(if different from the above)

Tax Number

Phone number

Type of a training

Date of a training

I hereby declare participation of the following people in the training:

NAME AND SURNAME OF THE PARTICIPANT	JOB/OCCUPATION	E-MAIL	PHONE NUMBER

In case of cancellation within less than 4 days before the beginning of a training, we undertake to cover the handling charge of participation in the training (PLN 500 + 23% VAT)

.....
company stamp and legally binding signature

I declare that we are a VAT payer and authorize VIX Automation sp. o.o. to issue a VAT invoice without our signature.

.....
company stamp and legally binding signature

I agree to place our company logo on the reference list of the VIX Training Center on the website of VIX Automation www.vix.com.pl

.....
company stamp and legally binding signature

VIX Automation sp. o.o. reserves the right to cancel or change the date of a training, about which it is obliged to inform interested persons within no less than 2 days before the start of the training.

PLEASE SEND THIS FORM TO VIX AUTOMATION SP. Z O.O.
fax: 032 358-20-29 lub e-mail: vix@vix.com.pl

STATEMENT OF THE TRAINING PARTICIPANT ABOUT THE CONSENT TO PERSONAL DATA PROCESSING

In connection with participation in the training (Name of a
training)

ON (Date of a training), organized by VIX Automation Sp. z o.o. I agree to:

- process my personal data (name, surname, e-mail address, telephone number) in order to carry out the training. Giving consent is voluntary, but necessary to take part in a training;
- process my personal data (name, surname, e-mail address, telephone number) for direct marketing of products and services of VIX Automation sp. o.o. The consent is voluntary.

I declare that I acknowledge the following information:

1. VIX Automation sp. z o.o. with its headquarters in Katowice, 40-301, ul. Siemianowicka 5a, is the administrator of the shared personal data;
2. I have the right to view and edit my data;
3. I can withdraw my consent for data processing at any time;
4. my data is stored until my consent is withdrawn;
5. Any questions regarding personal data and requests for modification and change should be directed to the email address: **dane.osobowe@vix.com.pl** ;
6. Full information can be found in the privacy policy, available on our website: www.vix.com.pl/polityka-prywatnosci/

.....
Place and date

.....
Signature of the participant

This document should be completed by each participant of the training