1. **PROGRAM EDUKASI**

|  |  |
| --- | --- |
| **Kode** | **Deskripsi Program** |
| **PE1** | **Pengelolaan TIK Migas Berbasis COBIT 5: Integratif dengan PTK-08/SKMIGAS/2013**Kamis-Jum’at 03-04 April 2014 @ Savoy Homann Hotel, Biaya Investasi Rp 4.500.000 (include PPN) |
| **PE2** | **Data Governance & Management Menggunakan DAMA BOK**Kamis-Jumat 10-11 April 2014 @ BTC Hotel, Biaya Investasi Rp 4.500.000 (include PPN) |
| **PE3** | **IT Audit Menggunakan COBIT 5 PAM (ISO 15504): Process Capability Assessment**Rabu-Kamis 16-17 April 2014 @ De Java Hotel, Biaya Investasi Rp 4.500.000 (include PPN) |
| **PE4** | **IT Business Architecture: Optimizing Business Process through IT**Kamis-Jum’at 24-25 April 2014 @ Aston Tropicana Hotel, Biaya Investasi Rp 4.500.000 (include PPN  |

1. **FASILITAS HOTEL**

**Fasilitas hotel berikut ini bersifat optional (silakan kontak jika membutuhkan informasi hotel lainnya):**

|  |  |
| --- | --- |
| **Kode** | **Deskripsi Fasilitas** |
| **H1** | Savoy Homann Hotel, Jl. Asia Afrika No. 112 Bandung, T. 022-4232244, Deluxe, Rate Rp. 685.000/malam weekdays |
| **H2** | BTC Hotel, Jl. Dr. Djunjunan No. 143-149 Bandung, T. 022-8885151, Superior, Rate Rp. 460.000/malam weekdays |
| **H3** | De Java Hotel, Jl. Sukajadi No.148-150 Bandung, T. 022-2039888, Deluxe, Rate Rp 648.000/malam weekdays |
| **H4** | Aston Tropicana Hotel, Jl. Cihampelas 125 Bandung, T. 022-2030101, Premier, Rate Rp 788.000/malam weekdays |

1. **DATA PESERTA:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No** | **Nama** | **Jabatan** | **Nomor HP & Email** | **Pilihan Paket (Lingkari Pilihan)** |
| 1 |  |  | HP:Email: | PE1/PE2/PE3/PE4H1/H2/H3/H4 = ….. malam |
| 2 |  |  | HP:Email: | PE1/PE2/PE3/PE4H1/H2/H3/H4 = ….. malam |
| 3 |  |  | HP:Email: | PE1/PE2/PE3/PE4 H1/H2/H3/H4 = ….. malam |
| 4 |  |  | HP:Email: | PE1/PE2/PE3/PE4H1/H2/H3/H4 = ….. malam |
| 5 |  |  | HP:Email: | PE1/PE2/PE3/PE4H1/H2/H3/H4 = ….. malam |

**BIAYA TOTAL :** .................................................................................................................................................................................

**DATA ORGANISASI/PERUSAHAAN:**

Nama : .................................................................................................................................................................................

NPWP : …………………………………………………………………………………………………………………………………………..................................

Alamat : ................................................................................................................................................................................

Contact Person : ……………………………………………………………..................................................................................................................

HP/Telepon : ………………………………………..................... Fax / E-mail: ............................................................................................

**Rekening:**

**Bank BRI KCP Suci**

**No. Rek. 2105-01-000048-30-7**

**a.n. PT. Transforma Rekayasa dan Solusi**

Bandung, ......................................2014

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tanda tangan & Nama Lengkap

**Keterangan:**

Untuk kepastian penyiapan training kit dan fasilitas lainnya, mohon **formulir terisi & bukti transfer** dapat dikirim sebelum batas akhir pendaftaran (H-3) ke email ke**lidia@transforma-institute.biz**atau fax ke **022-86065381**. Pembatalan setelah batas akhir pendaftaran, dikenakan biaya administrasi 50%.