1. **PROGRAM EDUKASI**

|  |  |
| --- | --- |
| **Kode** | **Deskripsi Program** |
| **PE1** | **COBIT 5: Proses dan Implementasi**  Rabu-Jumat, 08-10 April 2015 @ De Java Hotel, Biaya Investasi Rp. 4.450.000 (Include PPN) |
| **PE2** | **CISM (Certified Information System Auditor) Exam Review 2015**  Senin - Jum'at, 13-17 April 2015 @ Fave Hotel, Biaya Investasi Rp. 5.450.000 (Include PPN)  *Biaya Optional:*  Membership ISACA $180, Ujian CISM $420, Buku Import CISM Review 2015 $85, CDROM Database Soal-Jawab CISM $185 (belum include PPN dan bea cukai), silakan kontak lebih lanjut dgn admin jika berminat |
| **PE3** | **Strategy Big Data Analytics: Arsitektur, Governance dan Implementasi**  Kamis - Jumat, 16-17 April 2015 @ The Luxton Hotel , Biaya Investasi Rp 3.950.000 (include PPN) |
| **PE4** | **Core Application Development/Modernization Project Failure: Multi Dimensional Risk Mitigation Perspective**  Kamis - Jumat, 23-24 April 2015 @ H Clarity Hotel, Biaya Investasi Rp 3.950.000 (include PPN) |

1. **FASILITAS HOTEL**

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

|  |  |
| --- | --- |
| **Kode** | **Deskripsi Fasilitas** |
| **H1** | De Java Hotel, Jl. Sukajadi No.148-150 Bandung, T. 022-2039888, Deluxe, Rate Rp 678.000/malam weekdays |
| **H2** | Favehotel, Jl. Cihampelas No. 129 Bandung, T. 022-2030300, Superior, Rate Rp 528.000/malam weekdays |
| **H3** | The Luxton Hotel, Jl. Ir. H. Juanda No. 18 Bandung, T. 022-4220700, Deluxe, Rate Rp. 830.000/malam weekdays |
| **H4** | H Clarity Hotel, Jl. Cihampelas No. 211 Bandung, T. 022-30008888, Deluxe, Rate Rp. 800.000/malam weekdays |

1. **DATA PESERTA:**

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

**INVESTASI :** .................................................................................................................................................................................

**DISCOUNT :** .................................................................................................................................................................................

**SISA BIAYA :** .................................................................................................................................................................................

**DATA ORGANISASI/PERUSAHAAN:**

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

NPWP & Kode Faktur Pajak : …………………………………………………………………………………………………………………………………………...............

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, ......................................2015

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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**](mailto:lidia@transforma-institute.biz)atau fax ke **022-86065381**. Pembatalan setelah batas akhir pendaftaran, dikenakan biaya administrasi 50%.