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| **AM** | MANAGEMENT | | | | | | **FICHA DE INSCRIPCIÓN** | | | | | |  |  |  |
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|  |  |  |  |  |  |  | **Fecha de Inscripción** | | | |  |  |  |  |
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| **Curso** |  |  |  |  |  |  | **Horario** |  |  |  |  |  |  |  |
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| **Nombres** |  |  |  |  |  |  | **Apellidos** |  |  |  |  |  |  |  |
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| **Cédula** |  |  |  |  |  |  | **Edad** |  |  | **Sexo** |  |  |  |  |
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| **Dirección** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Correo Electrónico** | | | |  |  |  |  |  |  |  |  |  |  |  |
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| **Celular** |  |  |  |  | **Teléfono Casa** | | |  |  | **Teléfono Oficina** | |  |  |  |
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| **Nivel Académico** | | | |  | **Entidad Educativa** | | |  |  | **Profesión** |  |  |  |  |
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| **Empresa** |  |  |  |  |  |  | **Área Laboral** | | | |  |  |  |  |
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| **Como se enteró de nuestros cursos?** | | | | | | | |  |  |  |  |  |  |  |
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| **Cursos que le interesaría tomar:** | | | | | | |  |  |  |  |  |  |  |  |
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| **Como desea ver su nombre en el Certificado?** | | | | | | | | | |  |  |  |  |  |
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| **MEDIO DE PAGO** (favor marcar con una 'x') | | | | | | | |  |  |  |  |  |  |  |
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| **\* Cheque……………………………………………………. …** | | | | | | | |  | |  |  |  |  |  |
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| **\* Transferencia Bancaria……………………………………….** | | | | | | | |  | |  |  |  |  |  |
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| **\* Efectivo:** | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| \* 50% al inicio y 50% a mitad del Curso/Taller**………………. .** | | | | | | | |  | |  |  |  |  |  |
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| \* !00% al inicio del Curso/Taller (Incluye 5% de descuento)**……** | | | | | | | |  | |  |  |  |  |  |
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| AM Management. Ave. Winston Churchill esq. David Ben Gurión. Local 3B, 3er Nivel, Piantini. Sto. Dgo. RD. | | | | | | | | | | | | | | |
| info@ammanagementrd.com 809-274-4243 | 809-879-1256 | 809-330-4256 | | | | | | | | | | | |  |  |  |