WEBCON® | 🎓 Academy

APPLICATION FORM

COMPANY:

☐ different invoice data

Name: Name:
Address: Address:
TAX ID: TAX ID:

PARTICIPANT DATA: **CONTACT PERSON DATA:**
                                               if differs from participant data

Name and last name: Name and last name:
E-mail address: E-mail address:
Phone: Phone:

☐ **C00** - Basics of building applications in WEBCON BPS   Date:

☐ **C1A** - Analysis of business requirements and designing
    applications in WEBCON BPS   Date:

☐ **C1B** - Advanced configuration and implementing
    applications in WEBCON BPS   Date:

☐ **S01** - Use of SDK in WEBCON BPS   Date:

☐ **S02** - Installation and administration of WEBCON BPS
    environments   Date:

☐ **S03** - Registration, scanning, OCR, recognition and
    generating documents in WEBCON BPS   Date:

☐ * I agree to the collection and processing of my personal data by the Administrator, WEBCON, Krakow (30-393), 69 Babinskiego Str., TAX ID: 676-241-40-97 in order to provide the service. Detailed information about the purposes and type of data processed that we collect can be found in the WEBCON Privacy Policy .

☐ I agree to receiving training and instructional materials as well as commercial and marketing information via e-mail and telephone. I understand that I can withdraw my consent at any time.

*Your consent is required to provide the service.

By submitting the application form I accept the Terms and Conditions.

Date: ……….……………………………..
                                          (sign)

www.webcon.com