

WEBINAR 1: Know your Customer and Agreeing Payment Terms

Registration Form

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|-----------------------------------|--|
| Name & Surname | |
| Company Name & Address | |
| Phone | |
| Mobile | |
| e-mail Address | |

Date of Webinar:

**Thursday, 5th November 2020
13:30 – 15:30**

Signature/s: _____ **Date** _____

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