

Pearson VUE Exam Entry Form - Altkom Akademia S.A.**Candidate Data****PEARSON VUE Candidate ID:****Other ID:****My first time in a VUE Test Center:**

First and Last Name:

Phone:

E-mail:

Fax:

Correspondence address

Company name:

Street:

City:

Postal code:

Payer data

Company name:

Street:

City:

Postal code:

NIP:

Exam data

Test Center (City):

Date:

Hour:

exam code	exam name	language version

I hereby declare that I have read and accepted the "Exam Rules and Regulations in an Authorized Prometric and Pearson VUE Test Center effective at Altkom Akademia S.A."

I will pay the required exam fee in accordance with the payment terms agreed with Altkom Akademia's representative:

invoice paid by bank transfer to the Altkom Akademia account

by voucher - Voucher's number and expiration date:

In the event of cancellation on a notice shorter than 3 working days prior to the planned absence (with the exception of sick leave) the Payer will be charged with full costs of the scheduled exams.

I hereby give consent to include and process my above depicted personal data depicted by Altkom Akademia S.A. under the Data Protection Act 1997 (Dz. U. 97 r. nr 133 poz. 883).

I agree to receive commercial information regarding Altkom Akademia's S.A. offer under the Act of 18 July 2002 on Rendering Electronic Services.

Due to the pandemic situation and the impossibility of formalizing the order form (signature, stamp), I declare that the attached, unsigned card is tantamount to registration for the exam.

Date of registration

First name, last name and signature
of authorized person, company stamp with NIP