

## BATC Registration Form 2022 KNX Courses & Certification

|                      |                      |                            |
|----------------------|----------------------|----------------------------|
| <b>From Date</b>     | <b>To Date</b>       | <b>KNX Course Name</b>     |
| (such as 04-04-2022) | (such as 08-04-2022) | (such as KNX Basic Course) |
|                      |                      |                            |

Location: **BATC Offices - 171, Street 11, Mkalles 2701 2327 / Lebanon**  
 Latitude: **33°51'45.21"N / Longitude: 35°32'54.11"E**

### Trainee details:

|             |       |              |       |
|-------------|-------|--------------|-------|
| Name:       | ..... | KNX Shop #:  | ..... |
| First Name: | ..... | Father Name: | ..... |
| Company:    | ..... |              |       |
| Department: | ..... | Function:    | ..... |
| Zip Code:   | ..... | Country:     | ..... |
| Phone:      | ..... | Fax:         | ..... |
| Email:      | ..... | Web:         | ..... |

### Trainee from abroad / travel details:

|  |                                |                 |                              |
|--|--------------------------------|-----------------|------------------------------|
| Do you need a hotel room?                | <input type="checkbox"/> Yes   |                 | <input type="checkbox"/> No  |
| Check-in date:                           | .....                          | Check-out date  | .....                        |
| Traveling by:                            | <input type="checkbox"/> Plane |                 | <input type="checkbox"/> Car |
| Arrival date:                            | .....                          | Departure date: | .....                        |
| Flight Air Line & Number:                | .....                          | Arrival time:   | .....                        |
| Do you need a visa support invitation?   | <input type="checkbox"/> Yes   |                 | <input type="checkbox"/> No  |
| Scan & email official pages of passport! |                                |                 |                              |

### Kindly fill and sign:

**I herewith confirm that I meet the requirements of the course:**

Date: ..... Signature: .....

Date: ..... Signature Manager: .....

Once completed: either fax it to **+961 1 683769** or scan it & email it to **batc@batc.com.lb**!

Phone: **+961 1 683 770**

Web: **www.batc.com.lb**

Fax: **+961 1 683769**

E-mail: **batc@batc.com.lb**

Mail: **P.O. Box: 55344, Sin el Fill 1251 2030 / Lebanon**

Office: **171, Street 11, Mkalles 2701 2327 / Lebanon**