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| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **FICHA DE INSCRIÇÃO/PRÉ-RESERVA** | | | | | | | | | | **Nome do participante:** | | | | | | | | | | **E-mail:** | | | | | **CPF:** | | | | | **WhatsApp:** | | | | | | | | | | **Profissão:** | | | | | | | | | | **Nome da empresa (opcional):** | | | | | | | | | | **Endereço:** | | | | | | | | | | **CNPJ:** | | | | | | | | | | **Inscrição Estadual:** | | | | | | | | | | **Cidade/UF/CEP:** | | | | | | | | | | **Telefone:** | | | | | | | | | | **Nome para contato:** | | | | | | | | | | **E-mail:** | | | | | | | | | | **Recibo** |  | **NF** |  |  | |  |  |  | |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Como tomou conhecimento do curso?** | **WhatsApp** | **Instagram** | **E-mail** | **Linkedin** | **Facebook** | **Outros** |   **Preencher a ficha** de inscrição e **enviar por e-mail** ([atendimento@treimam.com.br](mailto:atendimento@treimam.com.br)) ou através do WhatsApp abaixo**,** assim como o **comprovante** de pagamento. **Banco:** Caixa Econômica Federal, ag. 4082, operação: 003 (jurídica), conta corrente: 001692-9 em nome de TDPS – Treinamento e Desenvolvimento Profissional e Serviços Ltda. – **CNPJ: 10.506.571/0001-56**. **Opção PIX (CNPJ).** Antes efetuar o depósito, **verificar a disponibilidade de vagas**. As vagas só estarão garantidas após efetuar o depósito e encaminhar cópia à TDPS. Outras informações: Grupo TREIMAM / TDPS Eventos.  **Fone/WhatsApp: (16) 99646-0764 / (48) 99128-0645**  **A realização do evento está condicionada a um número mínimo de inscritos.**  **Outas informações:** [**https://www.treimam.com.br/curso-higiene-ocupacional-vitoria/**](https://www.treimam.com.br/curso-higiene-ocupacional-vitoria/) |