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| Solicitud de Inscripción  **CURSO DE DIPLOMATURA EN BIOSEGURIDAD**  **Programa 2025**  Señores  Instituto Argentino de Seguridad – CATEEC  Moreno 1921  (CP 1094) ‑ Ciudad Autónoma de Buenos Aires  e-mail: [recepcionias@ias.org.ar](mailto:recepcionias@ias.org.ar)  Por la presente solicito mí inscripción al Curso de Diplomatura de referencia, declarando conocer y aceptar las condiciones generales y específicas establecidas.   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | APELLIDO Y NOMBRES | | | | | | | | | | | DOCUMENTO IDENTIDAD (DNI / Pasaporte) Nº. | | | | | | Lugar y fecha de nacimiento | | | | | Estudios Realizados | | | | | | | | | | | Título | | | | | | | | | | | Domicilio (particular) | | | | Localidad/Ciudad | | | | | | | Código postal | Provincia/Estado | | | | | | País | | | | Teléfono / Celular | | | | | E-mail | | | | | | EMPRESA | | | | | | | | | | | Cargo/Tarea que desempeña: | | | | | | | | | | | Domicilio (empresa) | | | | | Localidad/Ciudad | | | | | | Código Postal | | Provincia/Estado | | | | | | País | | | Teléfono / Celular | | | E-mail | | | | | | | | CUIT/CUIL Nº | | | Condición IVA | | | | | |  |   *(\*) MARCAR LO QUE CORRESPONDA:*  **DIPLOMATURA EN BIOSEGURIDAD: ASOCIADOS AL I.A.S.   🞏          NO ASOCIADOS   🞏**    MATRÍCULA DE INSCRIPCIÓN $.........................,- contra presentación de la presente Solicitud de Inscripción.  VALOR TOTAL    $................... en 2 (dos) cuotas iguales de $ ………………,- (del 1º al 5 de cada mes por adelantado)  **FORMA DE PAGO:**  Por Inter depósito Bancario a la cuenta: BBVA BANCO FRANCES - Sucursal Nº 346 – Congreso – Cuenta Corriente a nombre de: INSTITUTO ARGENTINO DE SEGURIDAD – CUENTA Nº 300607/3.  NOTA: Remitir comprobante de operación a: [administracion@ias.org.ar](mailto:administracion@ias.org.ar), para extender Recibo Oficial de pago.  .................................................................                                        ........................................................................  LUGAR Y FECHA                                                                                    FIRMA – ACLARACIÓN DE FIRMA |