REGISTRATION FORM
BASIC TRAINING

Company:

Contact person:

Function:

Phone: Fax:

Postcode: Location:

E-mail:

We would like to register the following person(s):

First name:	Name:	E-mail:	Function:	for date:

Place and date

Company stamp and legally binding signature

You may be photographed during the training, the images will be used for our website and promotional materials. If you do not wish to be pictured, please indicate this. Of course, you can also request this picture material from us at any time.

For further information or queries contact:

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Your contact person:
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LOGISTIK-ARBEITSPLÄTZE