

# REGISTRATION FORM

## TRAINING – ERGONOMICS IN THE WORKPLACE

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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: |
|-------------|-------|---------|-----------|-----------|
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Place and date

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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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Nevigeser Str. 240-242  
D-42553 Velbert  
Phone: +49 (0) 20 53/ 8 19-0  
Fax: +49 (0) 20 53/ 8 19-66

Your contact person:  
Mrs Peggy Händler  
E-mail: [info@rocholz.de](mailto:info@rocholz.de)



**ROCHOLZ**  
LOGISTIK-ARBEITSPLÄTZE

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**Rocholz GmbH**

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