

REGISTRATION FORM

(to be sent to the training center concerned)

Course title:

Course reference:

Date of session: **Location:**

PARTICIPANT

Mr Mrs Miss Name: Given name:

Position: Nationality:

Company:

Address:

Postal code: City: Country:

Telephone: Fax: E-mail:

CONFIRMATION OF REGISTRATION

Mr Mrs Miss Name: Given name:

Position:

Company:

Address:

Postal code: City: Country:

Telephone: Fax: E-mail:

INVOICE

Mr Mrs Miss Name: Given name:

Position:

Company:

Address:

Postal code: City: Country:

References to be mentioned on the invoice:

To be sent with the invoice:

- Attendance sheet
- Course assessment by the participant
- Others (please state)

Stamp and signature