



Registration form

Course no. _____ Course date _____

Course title _____

Company details

Company _____

Street _____

Postcode & city _____

Phone _____ Email _____

Details of participant

First name _____ Last name _____

Street _____ Postcode & city _____

Date of birth _____ Phone _____

Email _____

Job description _____

Send invoice to

Company

Course participant

Accommodation needed (incl. half board)

yes

no

The prices don't include the applicable VAT. Places for the course are allocated in the order of registration. We reserve the right to cancel courses if the number of participants should fall below the minimum required or for alternative reasons. We also reserve the right to change dates, speakers and venues.

I have read and accept the terms and conditions for the course.

I hereby agree that the personal data which I have provided is used and stored for the sole purpose of processing my enquiry. Personal data will be handled in accordance with the legal requirements (GDPR). More details may be found in our privacy statement.

Note: You can withdraw your consent at any time by sending an email to kontakt@vita-cum-morte.de.

Place, date

Signature