

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
Mobile phone	Receipt of messages via WhatsApp yes no
Job description	
Send invoice to Company	Course participant
Accommodation needed (incl. half board) yes	no no
	, no value-added tax is applicable to the course fees. Places for the right to cancel courses if the number of participants should also reserve the right to change dates, speakers and venues.
I have read and accept the terms and conditions for the c	ourse.
	ed is used and stored for the sole purpose of processing my the legal requirements (GDPR). More details may be found in our
Note: You can withdraw your consent at any time by sending ar	email to kontakt@vita-cum-morte.de.
Place, date	Signature