

REGISTRATION FORM

To register please email (scan) the form below back to us (please see contact details below).

HURRY - Registrations should get in by Monday, February 1st, 2016

Registration Form

Name: _____
Title: _____
Institute: _____
Department: _____
Address: _____
City: _____
State/Country: _____
Zip Code/Post Code: _____
Telephone Number: _____
Fax: _____
Email Address: _____

Course Fee: €350 per person incl. VAT

Meals: No Preference Vegetarian

Lunch, coffee breaks and course material will be provided. Fees do not include travel and accommodation.

Payment:

Wire Transfer **Bank Transfer:**

Please transfer funds to the following account:

Bank name: Deutsche Bank Singen
Account name: Compumedics Germany GmbH
Account number: 0 700 286 00
Bank Code: 692 700 24
SWIFT/BIC: DEUT DE DB 692
IBAN: DE02 6927 0024 0070 0286 00

All payments must be made free of any bank charges before the beginning of the course.

Credit card payment cannot be accepted.

Email the form to:
ingridmerten@compumedics.com

Ingrid Merten
Tel : +49 40 40 18 99 47
Fax : +49 40 40 18 99 49