

REGISTRATION FORM

Training registration and room reservation

Please complete a separate registration for each participant!

Training registration

Course title:

Date of course:

Participant

Name:

Surname:

Department:

Telephone number:

E-mail address:

Invoice address:

Room reservation

Day of arrival:

Day of departure:

Any costs for accommodation will not be covered by ZERA GmbH.

Please send the completed registration form to service@zera.de.