

Registration form

Training name:

Date:

Participants number:

Company identification information

Company:

City:

ZIP Code:

Street:

Phone:

Fax:

E-mail:

VAT ID:

Contact person:

Details about participants

Nr.	Name and Surname	Standard Price	Discount % *	Price with discount
1				
2				
3				

* discount according to training offer

Applicants are required to make payments on indicated account based on the invoice received for performed training within 30 days of after training finishing.

Date and contact person's name

Signature and stamp

Please, send the registration form by email on: info@automotivequal.com