

REGISTRATION FORM FOR TRAINING PROGRAMS



1. Participant

| |
|---------------------------|
| First name: |
| Name: |
| Company/Institution:..... |
| Address: |
| |
| Country: |
| Email: |
| Phone: |
| Mobile:..... |
| Fax: |
| Billing address: |
| |
| Country: |
| VAT number: |

2. Cost

The registration cost per participant is as follows:

2-day basic training, 6 Dec and 7 Dec 2010 : 400 EUR (+ 6% VAT)

Cost includes drinks and lunches.

3. Language

Please check the box in front of the language you prefer the training to be in:

First preference :

English French Dutch

Second preference :

English French Dutch

I agree to pay the amount due immediately upon receipt of the invoice that will be sent to me.

Date and signature