## Registration for training courses 2016

register@ifam.fraunhofer.de







Please send by post, fax or as a scan		
■Name	■ First name	
■ Company	■ Department	
■ Street	■ Postcode/city	
■ Phone	■ E-mail	
■VAT identification number		
Billing address (if different to above)		
■ Invoice to be sent to	■ Contact person	
■ Order no. (if available)		
■ Street	■ Postcode/city	
■ Phone	■ E-mail	
■ VAT identification number		
The registration is being made for the fo	ollowing course	
☐ European Adhesive Bonder – EAB ☐ FRP-Manufacturer	☐ European Adhesive Specialist – EAS ☐ FRP-Remanufacturer	☐ European Adhesive Engineer – EAE ☐ FRP-Specialist
■ Seminar code	■ Date (course start / end)	
■ Notes (e.g. if only single course weeks being booked	d)	
I confirm with my signature that I have read a authorized to register the participant for the c	nd agree with the conditions outlined on page 2 course.	of this document. I also confirm that I am
■ Place/date	■ Signature of the person making the booking	
Fraunhofer Institute for Manufacturing Techno-Adhesive Bonding Technology and Surface Workforce Qualification and Technology Tra Wiener Strasse 12   28359 Bremen   Germ Fax: +49 421 2246-605	es – nsfer	

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