

Registration Form

Hereby I register bindingly for the course:

▶ Course name _____

▶ Course number _____ ▶ Start date _____

▶ Participant's address:

Family name, first name		Position / Department	
Phone, mobile			
Private e-mail			

▶ Company:

Company name	
Street, postal code and city	
Company e-mail	

▶ Invoice address:

Company / Name		Dept. / Contact person	
Street		Postal Code and city	
Place, dateStamp, signature			

▶ The invoice shall be sent to:

E-mail Participant other email address: _____

by post to the invoice address

▶ Desired certification: Basis Certificate Level D

▶ Registration

via Mail: info@stz-itpm.de

via Post: Steinbeis-Transferzentrum IT-Projektmanagement
Heilbronner Straße 72, 70191 Stuttgart

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Most of our training courses are supported by the Ministry of Economic Affairs BW from the European Social Fund (ESF) budget. The net course fee then is **reduced by 30%, for 50+ participants by 50%**. Target groups: employees, freelancers, entrepreneurs, career break returners, with place of employment or residence in Baden-Württemberg. The federal, state and local employees cannot be supported. Please contact us if you have any queries.

The participant of the training course complies with this conditions and applies for support in accordance with the ESF.

Participant's **date of birth:** _____ **Signature:** _____