Course Registration

Date, Stamp, Signature:



▶ Please return by e-mail to: info@stz-itpm.de

I/WE REGISTER FOR THE FOLLOWING COURSE:

Course number		Starting date	
Participant's add	ess:		
Family name, first name		Position / department	
Phone			
Business e-mail			
Private e-mail			
Company:			
Company name			
Street, postal code and city			
Invoice address:			
Company name		Dept. / contact person	
Street		Postal code city	
Invoice shall be se	Participant's busi	, ,	ce address
Funding:			
Social Fund (ESF Plus) be employees, freelancers,	udget. The net course fee can be entrepreneurs, career break reto	ry of Economic Affairs Baden-Würt reduced by 30%, for 55+ participal rners, with place of employment of nnot be funded. Please contact us	nts by 70%. Target groups: or residence in Baden-
Württemberg. Federal,		Participant's date of birth	
_	pant complies with these s for ESF funding.	rarticipant's date of birtin	•
☐ The course partici	s for ESF funding.	rarticipant's date of birth	•