

Registration

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Hereby I make a firm registration for me/the following persons:

Participant Information		
Training: _____	Date: _____	Price: _____
E-Mail: _____	First Name: _____	Surname: _____
Training: _____	Date: _____	Price: _____
E-Mail: _____	First Name: _____	Surname: _____
Training: _____	Date: _____	Price: _____
E-Mail: _____	First Name: _____	Surname: _____

Invoice Address	
Company: _____	Street: _____
Department: _____	Zip Code/City: _____
Phone/Fax: _____	Country: _____

All Prices are per Person and without VAT.
The “terms and conditions for training” apply to all trainings. You can find these terms as well as prerequisites for all trainings online under <http://www.vector-academy.com>.

I confirm that I am authorized to make this registration for my company and that the above invoice address is binding.

Date _____ Signature _____ Company stamp _____

- Please call me back. I have additional questions about your training.
- At the moment we have no need for any further training.
But we are interested in receiving regular information from Vector.