

# SEMINAR REGISTRATION

Seminar title

Date

## PARTICIPANT

Mr.  Ms./Mrs.      First name      Last name      Date of birth\*

Company      Current Position\*

Street      ZIP Code/City      Country

Telephone      Mobile

E-Mail

## INVOICING ADDRESS

Company      Attorney

Street      ZIP Code/City      Country

VAT No. (for EU countries)

Arrival  Plane  Railway  Car

Please reserve a single room for me  Yes  No

Invitation letter necessary for Visa  Yes  No

To schedule your journey please be informed that the seminar starts at 8:30 a.m. and will end around 4:00 p.m. the last day.

I accept the general terms and conditions.  Yes  No

Date, signature

The answer of fields marked with\* is optional.

Please reply to [wacker-academy@wacker.com](mailto:wacker-academy@wacker.com) or fax +49 8677 886 6101

