

COURSE REGISTRATION
FAX: +49 40 83033-224

Company Name: _____

Number of Participants: _____

Surname _____

First Name _____

Profession _____

Street / no. _____

Postcode / Location _____

State _____

Email _____

Phone _____

Fax _____

Course _____

Date _____

Notes _____

Prior to the course you will receive our booking confirmation. General terms and conditions apply.

date

signature

company stamp

INTERSCHALT
maritime systems AG
Osterbrooksweg 42
22869 Schenefeld
GERMANY

phone: +49 (0)40 83033-220
fax: +49 (0)40 83033-224
email: training@interschalt.de
internet: www.interschalt.de