

Training agreement

Sending to ADVICOM B.V. is possible in two ways

by post: ADVICOM B.V., Marga Klompélaan 3, 3445 CZ Woerden, The Netherlands

by mail: turn into a PDF and email this to advicom@advicom.nl

The subscription is for the course / workshop

name course / workshop _____ code _____

place where the course / workshop is being held _____

startdate _____

Information participant

surname _____

initials _____ m/f _____ call name _____

private address _____

postal code _____ city _____

telephone private _____ telephone at work _____

email _____

birth date _____ place of birth _____

position (job) _____ vegetarian _____ yes/no _____

post for participant must be sent to _____ private address/work address _____

Information business or institution

Only to be filled if company or institution is principal.

name _____

department _____

postal address _____

postal code _____ city _____

name contact _____

initials contact _____ m/f _____

telephone contact _____

Billing information

The bill is normally sent to the accounts payable department of the company or institution. **Fill in only what is different of or adds to the above mentioned:** a different billing address, a different text for to whom or what the bill must be sent, a purchase ordernumber the principal wants to be added to the text on the bill.

name _____

to _____

postal address _____

postal code _____ city _____

your purchase order number _____ (if stated it will be printed on the bill)

Signer declares to know and to agree with the terms for participation in trainings organized by ADVICOM B.V.

place and date _____ stamp _____ signature _____

participant or principal