

Training Registration: IT/Systems Engineering

Please complete in full and send by mail to akademie.plm@audi.de or by post to AUDI AG I/ SE-15 85045 Ingolstadt.

Please observe the conditions of participation (e.g. approval form from department required) in the description of the training course on our homepage!

Training

Training course*

Participants*

+	Last name	First name	E-mail address

Company information

Billing address, if different

Company

Street/house no.

City/zip code

VAT No.

Contact

(first name / surname, tel., e-mail)

Remarks

- Cost acceptance declaration: By registering for this seminar, I also confirm that the costs will be borne by the above company; see page 2 for detailed cost acceptance declaration.
- I have read, acknowledge and agree to the General Terms and Conditions including the reference to data protection.

A contract based on this registration is only entered into after the dispatch and receipt of the training confirmation; otherwise no contract exists between myself and AUDI AG.

The training confirmation will be sent by post to the contact person named above.

*Should you not find a training course to suit you, or if you would like to register more than 6 participants, please contact us at akademie.plm@audi.de.



Order and cost acceptance declaration

Transaction number:

Client:

If applicable, organizational unit:

Contact:

Phone:

e-mail:

Service description:

Expected date of delivery/service:

**Total costs/
quotation value:**

Account assignment/billing address:

Cost center to be credited/work order at
AUDI AG, SE:

Cost center to be charged/work order at
client:

Billing address (if different):

Client:

Place:

Date

Signature

Date

Signature

Contractor:

AUDI AG
Audi Akademie, SE
85045 Ingolstadt

Organizational unit:

Contact:

Phone:

e-mail:

Date

Signature

Date

Signature