Audi Akademie

Training Registration

For registration on a training please complete this form and return it by e-mail to akademie.training@audi.de
Please notice the conditions of participation (e.g. approval form from department required) in the trainings' description on www.audi-akademie.de

Training *

Schedule * from / at to

Time from to

Price * group each

Participants

+	Last name	First name	E-mail address

Company information

Company

Street/house no.

City/zip code

VAT No.

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

Remarks

Billing address, if different

☐ Cost acceptance declaration: By registering for this training, I also confirm that the costs will be borne by the above company.
☐ I have read, acknowledged and agree to the General Terms and Conditions. (refer to www.audi-akademie.de)
☐ I have read, acknowledged and agree to the reference to data protection. (refer to www.audi-akademie.de)

Submission of this form does not guarantee a reserved seat in the training session requested. Your enrollment is considered confirmed upon receipt of an e-mail confirmation from the Training Unit.
*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.training@audi.de.

Date * Stamp Signature *

* mandatory item