

## Registration Form

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E-Mail: Training.NT@Belden.com

### Binding **registration** to following training course:

Participant (first name, surname)

Company

Position, dept.

Street, no.

ZIP code, City

Tel

E-Mail

VAT no.

Course abbreviation (e.g. **CT1**)      Language (e.g. **e**)

Name of training

Training location

Price (excl.VAT)

### Please note:

- Your registration by e-mail must be received by us no later than **6 weeks prior to the training date**. You will receive a registration confirmation.
- Please complete a separate registration form **for each participant and training course**, in case by copying the registration formula.
- Subject to the General Terms and Conditions for Hirschmann Training Courses, available on request and on our website [www.belden.com](http://www.belden.com).

### Sender:

Please only indicate if different from participant

Name (first name, surname)

Company

Position, dept.

Street, no.

ZIP code, city

VAT-no.

Tel

E-Mail

Date, signature

### Invoicing Address:

☐ **equal to participant** ☐ **equal to sender** ☐ **others**  
Please only indicate if "others" is applicable

To the attn. of

Company

Street, no.

ZIP code, City

VAT no. – **obligatory for EU companies**