

Registration Form

Please complete and return by e-mail or fax.
Please note that the name and title you give here, will be printed
on participants' list and on certificates

Title: Prof. Dr. Mr. Mrs. Ms. Other

First Name: _____

Last Name: _____

Organization: _____

Position: _____

Office Address: _____

Postal/Zip code: _____ City: _____

Country: _____

Telephone: _____ Fax: _____

E-mail: _____

Training Fee

	Fee Detail
20th June at Salinenstrasse 18, 4310 Rheinfelden, Switzerland	CHF 300 or € 270

Payment Detail

For Switzerland	
Bank	Raiffeisen Bank Möhlin
IBAN	CH80 8070 6000 0582 5575 6
For Europe	
Bank	Deutsche Bank AG, 79618 Rheinfelden, Germany
IBAN	DE79 6837 0024 0091 4135 00; BIC DEUTDEDB683

Date: ___/___/___ Signature: _____