

Binding Registration

☐ Pilot Training (date: __|__| 2012)

☐ LTB Training (date: __|__| 2012)

Number of Participants: __

Participants:

name: _____

first name: _____

street: _____

postcode, city: _____

signature: _____

(Please use a different sheet for every participant.)

To register please fax this sheet signed to 0049 8376 – 92 14 14.

**For very urgent matters on the day of the training please call
0049 8376 – 92 14 18.**