



Please return before XXX:

VGD e.V.
Vereinigung der Gesundheitsdienstleister e.V.
P.O. Box 60 08 41
60338 Frankfurt am Main

Per Fax: 0049 (0)69 – 45 99 30

Registration to the Seminar:

XXX

I hereby bindingly register to participate in the above-mentioned seminar on the XXX by the VGD, P.O.Box 60 08 41 Frankfurt am Main.

Company _____

Name/Surname: _____

Address: Street: _____ Zip Code _____ City: _____

Phone: _____ Fax: _____

E-Mail: _____

Date of birth*: _____ Place of birth*: _____

*Optional for a certificate

Date

Signature