

Training Ordering Sheet

Testia GmbH Airbus-Allee 1 28199 Bremen

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Company:	
Address:	
Tuelain a News	
Training Name:	
Date: (if already scheduled) or expected training time frame:	
Preferred Training Location:	
Number of participants: (to be defined in list of pax, page 2):	
Preferred Language:	
Training Price per Participant: (in €)	
Total costs for all participants: (in € excluding tax)	
Contact Person:	
eMail:	
Telephone:	
Herewith I approve that I have read the company will pay the agreed training fee	conditions of the Testia GmbH in the main offer and that my es and travel costs (if applicable).
Date Company Stamp Signature	



List of Participant

Company's name		
VAT number		
Address		
Focal point (training issues)	Focal point (financial issues)	
Name	Name	
Phone number	 Phone number	
eMail	eMail	

Mr. or Mrs	First name	Last name	Company	eMail address	Preferred training location	Training name And Code	Training name And Code	Training name And Code	Training name And Code