

# ECG Academy and Management Training Registration Form



## ECG Academy

I apply to register for the ECG Academy Course of 20 \_\_\_\_/20 \_\_\_\_

*Please fill in the form in capital letters, as legibly as possible.*

### Participant

M  F

Last name ..... First name .....

Company ..... Position .....

E-mail ..... GSM .....

### Business address

Company name .....

Street / P.O. Box .....

Postcode .....

Town .....

Country .....

VAT number for invoicing .....

### Invoicing address (if different from business address)

Company name .....

Street / P.O. Box .....

Postcode .....

Town .....

Country .....

### Other contact person (if relevant, e.g. HR).

Name .....

Position .....

Telephone .....

E-mail .....

### Your checklist - what you need to send us by e-mail

This registration form, duly signed (PDF format)

An up-to-date Curriculum Vitae (PDF format)

A portrait photo of you in jpg format

Please email these documents to [info@ecgassociation.eu](mailto:info@ecgassociation.eu) .

I will ensure the fee invoice is settled in full before the start of the Course

Place ..... Date .....

Signature .....