

# 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 ..... GSM .....

E-mail .....

**Special dietary requirements (if any)** .....

### Business address

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

Company name..... Company name.....

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

Postcode ..... Postcode .....

Town ..... Town .....

Country..... Country.....

VAT number for invoicing.....

### 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

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

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

Signature .....

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