



**TRAINING SEMINAR**  
OF \_\_\_/\_\_\_/2008

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ NR \_\_\_\_\_

CITY \_\_\_\_\_ COUNTRY \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL \_\_\_\_\_

**PARTICIPATING NAMES**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**PLEASE SEND BY FAX AL N°+39 06 9069801**

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