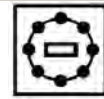

SCHULUNG UND WEITERBILDUNG



F Yg]g]f U]cb

Seminar: _____ from _____ to _____

DUfh]dUbh

Name, Surname:

Street:

Post code: _____ Town: _____ Country: _____

Telephone: _____ Date of birth: _____

Occupation:

Company:

Street:

Post code: _____ Town: _____ Country: _____

Telephone: _____ Extension-No.: _____

Fax: _____ Email: _____

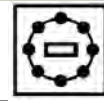
In what function do you work with BIHLER-Machines?

How long have you been working with BIHLER-Machines?

Specific topics, we should cover during the seminar:

Name of the person responsible for trainings in your company:

SCHULUNG UND WEITERBILDUNG



Affj U

by car

by train

by plane

arrival by train

Arrival date:

time:

train-station:

arrival by plane

Arrival date:

time:

airport:

Do you wish to have lunch in our canteen?

Yes

No

Please complete this form and [return](#) it to Bihler

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