

Registration

Course **Training Biodiesel** date _____

Title (Mr. Mrs. Ms.) _____ Surname _____

First name _____

Address _____

Postcode _____ Residence _____

Telephone _____ E-mailaddress _____

date of birth _____ Nationality _____

Function _____ Education _____

company/employer* _____

Address* _____

Postcode* _____ Residence _____

Contact person* _____

Telephone* _____

How did you know about this course ?

Choose from the next possibilities (more options are possible)

- Advertisement
 Website
 in a different way, viz. _____

to our course we apply to the conditions on our website, www.solarix.eu

Name Date _____ Signature _____

Employer* Date _____ Signature _____

* only fill in when employer is paying for the course.

You can mail to: training@solarix.nl or fax to : +31 (0)346 580 791

or send it by post to : Solarix BV Training Biodiesel
Westbroekse Binnenweg 27
3612 AG Tienhoven