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Registration Form

for external participants, participants from abroad, and others

Mr. Mrs.

Name, First Name: _____

Academic Title / Function: _____

Government Agency / Institution / Company: _____

Organisational Unit / Department: _____

Full Postal Address: _____

E-Mail: _____

Phone: _____

Mobile: _____

Fax: _____

I should like to register for the subsequent course:

Course No. / Year: **Online Seminar COVID-19 & IPM**

Date: **10.02.2021, 10:00 - 15:00**

Venue: **ZOOM**

I need accommodation: Yes ___ No X

I should like to register for the catering: Yes ___ No X

(Date and Signature)

Having received your registration by email or fax, we will contact you promptly to give you either a confirmation or a feedback on your registration status.

Thank you very much for taking an interest in our courses.