

## Registration form Norway

| Please copy, fill out and then either fax or e-<br>Lenze as<br>Phone: +47 64 80 25 15<br>Telefax: +47 917 24 593<br>E-mail: frode.uddveg@lenze.com | mail to:             |      |      |
|--|----------------------|------|------|
| Company:   |                      |      |      |
| Contact(s)   |                      |      |      |
| Address line 1:  |                      |      |      |
| Postal code/city:  |                      |      |      |
| Tel.:  |                      |      |      |
| Fax:   |                      |      |      |
| E-mail:  |                      |      |      |
| I hereby register myself / us for the followin   | g training sessions: |      |      |
| First name and surname   |                      | Code | Date |
| First name and surname   |                      | Code | Date |
| First name and surname   |                      | Code | Date |
| First name and surname   |                      | Code | Date |
| First name and surname   |                      | Code | Date |
| First name and surname   |                      | Code | Date |
| First name and surname   |                      | Code | Date |
| First name and surname   |                      | Code | Date |
| First name and surname  Place, date  |                      | Code | Date |

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