

Registration form Norway

Please copy, fill out and then either fax or e-mail to:

Lenze as

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E-mail: frode.uddveg@lenze.com

Company:

Contact(s)

Address line 1:

Postal code/city:

Tel.:

Fax:

E-mail:

I hereby register myself / us for the following training sessions:

First name and surname	Code	Date

Place, date

Signature:
