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## Registration form Sweden

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

Lenze AB

Phone: +46 13 35 58 00

Telefax: +46 13 10 36 23

E-mail: [info@lenze.se](mailto:info@lenze.se)

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: \_\_\_\_\_