

Training Registration

For registration on a training please complete this form and return it by e-mail to akademie.training@audi.de

Training *

Schedule * from/ at to

Time from to

Price* (plus local VAT) each

Participants*

+	Last name	First name	E-Mail address/User ID (only for "Connect")

Company Information*

Billing address, if different

Company

Street/house no.

City/zip code

VAT No.

Contact

(first name/surname, tel., e-mail)

Notes (e.g. order number)

Cost acceptance declaration: By registering for this training, I also confirm that the costs will be borne by the above company.

- I have read, understood and accept the terms and conditions. (See <https://www.audi.com/en/akademie.html>)
- I have read, acknowledged and agree to the reference to data protection. (See <https://www.audi.com/en/akademie.html>)

A contract based on this application is only concluded upon the sending and receipt of the invitation; otherwise there is no contract between me and AUDI AG. The invitation will be sent by email to the aforementioned participants.

Date *

Stamp

Signature *

* mandatory item