

Registration form for Vamp training courses

Please fill in and fax +358 20 7533205 or e-mail vamp@vamp.fi

Person enrolling to the course(s)

First name:

Last name:

Company:

Address:

Phone:

Fax:

Email:

Training arrangement:

Recommended training

Optional Training

Course NAME and code:

1. Human Machine Interface, TRSE-001
2. Vampset Vamp Collect, TRSE-002
2. Communication overview, TRSE-003

Course NAME and code:

3. _____
4. _____
5. _____
- _____
- _____
- _____

Invoicing details if not same as above:

Dietary or other request:

Educational background:

- Field of study: _____
- Degree/Diploma: _____
- Work Experiences : _____

If you wish that VAMP makes **the hotel reservations** for you, please fill in the following:

I prefer (hotel names:)

Date of arrival:

Date of departure:

Single room/Double room Non-smoking/Smoking: