

THE FOLLOWING PARTICIPANT(S)

SURNAME AND INITIALS TRAINEE:

DAYTIME PHONE:

E-MAIL:

JOB TITLE:

SURNAME AND INITIALS COLLEAGUE/TRAINEE2:

DAYTIME PHONE:

E-MAIL:

JOB TITLE:

SURNAME AND INITIALS COLLEAGUE/TRAINEE3:

DAYTIME PHONE:

E-MAIL:

JOB TITLE:

SURNAME AND INITIALS COLLEAGUE/TRAINEE4:

DAYTIME PHONE:

E-MAIL:

JOB TITLE:

APPLIES/APPLY FOR

TRAINING:

DATE:

TRAINING2:

DATE:

YOU CAN CHECK OUR TRAINING SCHEDULE FOR 2010 ON OUR WEBSITE: [HTTP://WWW.COMMERCE-HUB.COM/NL/SERVICES/TRAINING.HTML](http://www.commerce-hub.com/nl/services/training.html).

COMPANY/INSTITUTION (INVOICING ADDRESS)

COMPANY/INSTITUTION

ADDRESS

POSTAL CODE AND TOWN:

SIGNATURE:

TELEPHONE:

E-MAIL:

DATE SIGNED:

AFTER THE RECEPTION OF THIS REGISTRATION FORM , YOU WILL RECEIVE A CONFIRMATION OF COMMERCE-HUB (THE TRAINING IS EUR 275,- FOR EACH PARTICIPANT AND FOR EACH TRAINING EXCL. BTW (VAT)).

PLEASE FAX THIS REGISTRATION FORM TO OUR CUSTOMER SERVICES DEPARTMENT ( FAXNR. 020 – 462 1921), E-MAIL IT TO [TRAINING@COMMERCE-HUB.COM](mailto:TRAINING@COMMERCE-HUB.COM) OR SEND IT BY MAIL TO:

COMMERCE-HUB BV  
CUSTOMER SERVICES  
SCIENCE PARK 400  
1098 XH AMSTERDAM  
THE NETHERLANDS