

Fax form for registration

Please complete the registration form and send it to the following fax no.: +49(0)9352/18-1040
Information and registration also at: www.boschrexroth.com/academy

Training title (short designation)

Training location

Desired date

Alternative date

Participant – Surname

First name

Job title

Division

Phone no.

Email

Registrant – Surname

First name

Job title

Division

Phone no.

Email

Registrant – Company

Invoice address – Company, division

Street / PO Box

Street / PO Box

Zip code, city, country

Zip code, city, country

This registration will only become effective upon receipt of our order confirmation.