#### Please complete the attached registration form.

# **REGISTRATION FORM**

## Two day training course entitled:

"Contract, Claims and Dispute"

□ 08<sup>th</sup> & 09<sup>th</sup> June, 2017, Radisson SAS Royal Hotel, Copenhagen, Hammerichsgade 1

# Please complete in BLOCK/ CAPITALS ONLY Participant & Company details:

Name
Family Name
Job Title
Organization Name
Organization Address
Telephone: EXT
Organisation Email:
Participant (s) Email:
☐ I confirm payment of € 1,500* per delegate
☐ For 2 or more delegates from the same
organization - € 1,300* per delegate.
EU resident: yes: no:
EU resident: yes: U no: U
EU resident: yes: no: lif yes: VAT ID number
if yes: VAT ID number
if yes: VAT ID number
if yes: VAT ID number
EU resident: yes: Ino: If yes: VAT ID number

## Payments by:

Certified Cheque or Bank Transfer payable to:

Nestor Bildungsinstitut GmbH Alt Blankenburg 1a D - 13129 Berlin Berliner Volksbank eG Account No. 8301874015 BIC (Swift Adress): BEVODEBB IBAN: DE61 1009 0000 8301 8740 15

Wire Transfers/ Deposits attract bank charges which are for your account.

Note: You will be invoiced for these charges should they be charged to Nestor's account.

# **Terms and Conditions**

# **PAYMENT RECEIPTS:**

All registered delegates will receive an acknowledgement of registration, together with confirmation of payment 5 days before the course.

### **CANCELLATIONS:**

Cancellations by delegates must be made in writing and received two weeks before the seminar. It is regretted that no refunds will be made or invoices cancelled after this date and the full registration fee will be payable. Substitutions may be made at any time.

<u>NOTE</u>: Should registration be conducted outside of cancellation period, registrant will be subject to established cancellation policy.

#### **CANCELLATION BY THE ORGANIZERS:**

We reserve the right to cancel the event if it is under subscribed or for any reason. In the event of cancellation we will endeavor to give delegates two weeks notice and the fee will be refunded in full.

#### AUTHORIZATION

I have read and accept the above Terms and Conditions

Name:	• • • • • • • • • • • • • • • • • • • •	•••••
Job Title:	******************************	
Signature:		

- Please note that the registration process is only complete when acknowledgement of receipt of registration form and proof of payment is received from the Nestor via fax, email at least five days before the course.
- ✓ Questions or queries should be directed to Ms. Jacobi at Tel: ++49 30/3000-7600
- ✓ Fax: ++49 30 3000 760 33 or Email:info@fidic-for-practitioners.com
- ✓ All Registration forms to be submitted on or before: May 22<sup>nd</sup> 2017.