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KHS
Filling and Packaging – Worldwide
KHS Corpoplast

KHS Corpoplast GmbH & Co. KG
Training Center
Meiendorfer Straße 203
D-22145 Hamburg

Company:
Address:
Town and postcode:
Country:

Name:
Department:
Phone:
Fax:
E-mail:
Copy:

Registration for training

Your registration No.:
Course title (web calendar):
From (date) to (date):
Course subject:
Arrival by: ☐ Train ☐ Plane ☐ Car
Collection required: ☐ yes ☐ no
Arrival (date, time):
Hotel reservation required: ☐ yes ☐ no
Location: ☐ Centre ☐ Company
Price up to:

We herewith submit the binding registration for the above indicated instruction course.
We accept the currently valid business terms of KHS Corpoplast GmbH Co KG. We accept that participation will only be confirmed after we have paid, in advance, the incurred costs for the given instruction course.

No.	First name	Name	Occupation