

Registration Form

Hereby I register bindingly for the course _____, numbered _____.

via mail: info@stz-itpm.de

via post: Steinbeis-Transferzentrum IT-Projektmanagement
Favoritgärten 21, 71634 Ludwigsburg

Your contact person for all questions: Carmen Hellmann

mail: hellmann@stz-itpm.de, Tel: 07141 - 97 22 800

▶ Participant's address:

Family name, first name

Position/Department

Company name

Company address

Company postal code and city

Company telephone

Company e-mail

Private e-mail

▶ Invoice address (if it is different):

Company

Dep. /Contact person

Address

Postal code and city

Place/Date

Stamp and signature

- ▶ We will mail the invoice to
 participant's e-mail address
 other e-mail address: _____

▶ Desired certification: Basic Certificate Level D Level C Level B

▶ Level D was gained/recertified in the year of

The training course is supported by the Ministry of Economic Affairs BW from **the European Social Fund (ESF)** budget. Thereby the net course fee is reduced by **30%**, for 50+ participants by **50%**. The main condition: the place of employment or residence in Baden-Württemberg. The federal, state and local employees cannot be supported.

The participant of the training course complies with this condition and applies for support in accordance with the ESF. Participant's **date of birth:**

Signature: