

## Registration Form

Hereby I register bindingly for the course \_\_\_\_\_, numbered \_\_\_\_\_.  
Start date \_\_\_\_\_.

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](mailto: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: \_\_\_\_\_
  - by post to the invoice 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%**. Target group: employees, freelancer, entrepreneurs and re-entrants (career break returners), who are employed or reside 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:** .....