



ECG Academy

Certificate in Automobile Logistics Management
REGISTRATION FORM

I apply to register for the ECG Academy Course of 20 /20

Please fill in the form in capital letters, as legibly as possible.

Participant

M F

Last name First name

Company

Position GSM

E-mail

Special dietary requirements (if any)

Business address

Invoicing address (if different from business address)

Company name Company name

Street / P.O. Box Street / P.O. Box

Postcode Postcode

Town Town

Country Country

VAT number for invoicing

Other contact person (if relevant, e.g. HR).

Name

Position

Telephone

E-mail

Your checklist - what you need to send us by e-mail

This registration form, duly signed (PDF format)

An up-to-date Curriculum Vitae (PDF format)

A portrait photo of you in jpg format

I will ensure the fee invoice is settled in full before the start of the Course

Place Date

Signature

Please scan and email the completed form to info@ecgassociation.eu