

Application form – BUTTING Hands-on Days I II

I hereby wish to make a binding registration of the following participants for the two-day training event BUTTING Hands-on Days I – „All round the quality pipe“ or BUTTING Hands-on Days II – „More than pipes - Praxisworkshop“ from _____ to _____

Name	First name	Company/Location	Post/Department	E-mail

Contact

Name: _____ First name: _____ Company: _____

Address: _____ Phone: _____ E-mail: _____

Please return the registration to: akademie@butting.de

Our data protection policy can be found at www.butting-akademie.de

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