

Registration ECG Automobile Logistics Academy



I hereby confirm my registration for the ECG Automotive Logistics Academy course of _____ (year).

Participant

Title, last name, first name

Phone

E-mail

Company

Company name

Street / P.O. Box

Postcode / Town / Country

Company phone

Company e-mail

Company VAT number

I accept the fees and cancellation policy as published in the course brochure.

Place, date

Signature of participant

Company stamp

**Please complete this registration form,
scan it and send by e-mail to ECG at:**

info@eurocartrans.org

If you need further information or would like
to discuss the course, please contact us:
by phone: +32 2 706 82 80
by e-mail: info@eurocartrans.org

What you need to send to us

- ▶ This registration form signed personally
- ▶ Curriculum Vitae attached
- ▶ Electronic portrait photo