



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 (in PDF format)
- ☐ An up-to-date Curriculum Vitae in English (in 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