

# Registration Form

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ABB Automation GmbH  
Technical Training ATG/SCT  
Service Control  
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**From:**

\_\_\_\_\_  
Last Name:

\_\_\_\_\_  
First Name:

\_\_\_\_\_  
Company:

\_\_\_\_\_  
Department:

\_\_\_\_\_  
Street:

\_\_\_\_\_  
Post code / City:

\_\_\_\_\_  
Telephone:

\_\_\_\_\_  
Fax:

**Bill to:**

\_\_\_\_\_  
Last Name:

\_\_\_\_\_  
First Name:

\_\_\_\_\_  
Company:

\_\_\_\_\_  
Department:

\_\_\_\_\_  
Street:

\_\_\_\_\_  
Post code / City:

\_\_\_\_\_  
Telephone:

\_\_\_\_\_  
Fax:

\_\_\_\_\_  
Your Order Number

**I would like to register the following persons for the following courses:**

Last Name, First Name	Course Titel	Date

The trading conditions of the ABB Automation GmbH, Training Center Frankfurt applies.

\_\_\_\_\_  
Date / Signature