

Registration

Refrigeration and Air Conditioning (RAC)

Personal data

Title _____

Surname _____

First Name _____

Date of birth _____

Place of birth _____

Private address

Street _____

Zip Code _____

City _____

Country _____

Phone number _____

Mobile number _____

Email _____

Company data

Company name _____

Department _____

Street _____

Zip code _____

City _____

Phone number _____

Fax _____

Email _____

In voice to be send to

☐ Private

☐ Company

The IWW informs twice a year with a newsletter.

☐

I hereby subscribe to this newsletter.

*With the signature I/we accept the terms and conditions of the Karlsruhe University of Applied Sciences. When registering through the company, the stamp imprint and the signature are absolutely necessary.

Date, Place _____

Signature/company stamp _____

Please fill out the form, sign it and mail it to

**Karlsruhe University of Applied Sciences
Institute for Continuing Education in the Sciences
Moltkestrasse 30
76133 Karlsruhe
Germany**

or send it scanned to **iww@h-ka.de**.

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