

FAX - DECLARATION FOR HYDRAULIC TRAINING

Sender:	Please fill out the registration form completely and send it to:
	BOSCH REXROTH GmbH
	Roland Haslinglehner
	Dept. STI
	Petzoldstraße 12
	4020 Linz
	Fax Nr. +43 732 770834 - 1631
Training title short term:	Training location: Linz
Request of date:	Alternative date:
Participant - name:	First name:
Job title:	Department:
Telephone no.:	Fax- no.:
Declarant - name:	First name:
Department:	eMail:
Telephone- no.:	Fax- no.:
Place for other comments:	
Location / date:	Signature / firm stamp:

This registration comes into operation with our acknowledge