

# Application form – BUTTING Hands-on Days I II

I hereby wish to make a binding registration of the following participants for the two-day training event BUTTING Hands-on Days I – „All round the quality pipe“ or BUTTING Hands-on Days II – „The quality pipe and its finishing“ from \_\_\_\_\_ to \_\_\_\_\_.

Name	First name	Company/Location	Post/Department	E-mail

## Contact

Name: \_\_\_\_\_ First name: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please return the registration to: [akademie@butting.de](mailto:akademie@butting.de)

Our data protection policy can be found at [www.butting-akademie.de](http://www.butting-akademie.de)

**Butting Akademie Personalentwicklung GmbH & Co. KG · Burgstraße 5 · 29379 Knesebeck · Phone: +49 5834 98983-42 · [www.butting-akademie.de](http://www.butting-akademie.de)**