

Registration

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|----------------------|--|
| Course title: | |
| Part number: | |
| Schedule: | |

| | | |
|---|---------------------------------------|------------------------------------|
| Training included in system order? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If Yes, please fill in: | SAP order reference Bruker AXS: | |
| | Machine serial number: | |
| If No, please fill in: | Your order / reference / P.O. number: | |
| | Machine serial number: | |

| | |
|------------------------------|--|
| Participant: | |
| Last name, first name | |
| Position, department | |
| Company | |
| Street / P.O. box | |
| Postal code, location | |
| Country | |
| E-mail | |
| Phone | |

| | |
|---------------------------------------|--|
| Contact for further enquiries: | |
| Last name, first name | |
| E-mail | |
| Phone | |

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|--|--|
| Invoice address, if other than above: | |
| Company, department | |
| Street / P.O. box | |
| Postal code, location | |



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|--------------------------------------|-------------------------------------|------------------------------------|----------------------------|--|
| Hotel reservation required? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| If Yes, please fill in: | Arrival: | Departure: | Up to Euro / night: | |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Preferred/ alternative hotel: | <input type="text"/> | | <input type="text"/> | |

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|------------------------|
| Date, signature |
| <input type="text"/> |

Reply to:

E-mail: customer-training@bruker.com, Phone: +49 721 50997-5347, Fax: +49 721 50997-5222

For pricing please contact your local Bruker AXS agent.