

**BIOSTTEK TRAINING DAYS  
REGISTRATION APPLICATION FORM**

**COMPANY DETAILS**

COMPANY NAME:	
REGISTERED OFFICES:	
POSTAL CODE:	PROVINCE:
NIF:	PHONE NUMBER:
MANAGER:	
E-MAIL:	

**DATA OF ATTENDEES**

NUMBER OF ATTENDEES:
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NAME:
SURNAME:
POSITION:
PHONE NUMBER:
E-MAIL:

NAME:
SURNAME:
POSITION:
PHONE NUMBER:
E-MAIL:

**INFORMATION NOTE:**

- 1.- The training will be taught by Biosttek qualified technicians
- 2.- All training days are free of charge
- 3.- Training days will be scheduled by Biosttek, which shall inform the attendees at least 15 days in advance

**COMPANY STAMP AND SIGNATURE:**

**APPLICATION DATE:**