

# WERA Operators Seminar

## 28<sup>th</sup> September – 2<sup>nd</sup> October 2009

### REGISTRATION FORM

Complete registration (5 days)

Reduced Registration (first 3 days)

Last Name:			
First Name:			
Company / University:			
Business Address:			
Phone:			
Fax:			
Email:			
Yes, please assist with hotel reservation:			
HOTEL	single room per night (subject to change)	Arrival Date	Departure Date
Dreiklang	112,-		
Wiking	65,-		
Landhaus	46,-		
Date	Signature		

Please mail to: [hansen@helzel.com](mailto:hansen@helzel.com)

or fax to: +49-4191-95 20-40

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