

REGISTRATION VdS-CONFERENCE

Fire Extinguishing Systems

December 08th/09th 2021, Livestream

Surname of the participant: * _____

First name of the participant: * _____

Company stamp

Date, Signature** _____

Data protection information: Information on the processing of personal data (including the data provided in this registration form) can be found at **vds.de/bz-datenschutz**. We will also provide you with the data protection information together with your registration confirmation.

Fill in the form on the screen and send it directly by e-mail!

Company: * _____

Department: _____

P.O. Box, Street: * _____

Zip Code, City: * _____

Country: _____

Phone: * _____

E-Mail: * _____

VAT. Id. No.: * _____

Please note: Fields marked with * are mandatory and must be completed. Our general terms and conditions apply for registration: **vds.de/bz-agb-en**.

I agree with the use of the email address for information by VdS Schadenverhütung GmbH. This agreement can be revoked at any time in writing or by email.

Click here to send the registration by e-mail.