

Registration form ICH-GCP / ISO 14155 training

“Legislation and regulations for clinical trial with drugs and medical aids in daily practice.”

I would like to register for the:

- 1 day training
 2-days training

Date training	Location

I, the undersigned, hereby declare to wish to participate / register a participant for the training.
(NB. Registration is possible latest two weeks prior to the training.)

Surname: _____ Initials: _____ M / F

Family name: _____ Title: _____

Priv. address: _____ Zip code / City: _____

Tel. number.: _____ Position: _____

Date of birth: _____ BIG-reg.nr: _____

E-mail: _____

Company name: _____

Name: _____ Position: _____

Address: _____ Zip code / City: _____

Tel. number: _____ Fax number: _____

Purchase-order / study-code: _____ (not obligatory)

Send invoice to: participant company

I hereby declare to agree with the terms and conditions of Clinical Trial Service Ltd.

:

Signature: _____ Date: _____

Please return this form to **Clinical Trial Services BV, Antwoordnummer 1061, 757WD Losser** (no stamp needed) or send by e-mail to **training@clinicaltrialservice.com**