

Registration for the DGUV 312-906 training

For experts for the regular inspection of personal protective equipment against fall

PLEASE FILL OUT:

Seminar number:

Seminar date from:

To:

Name:

Surname:

Address:

ZIP Code:

City:

Country:

Mail:

Different billing address:

DECLARATION OF CONSENT

- I agree that my personal data will be processed for the purpose of conducting and documenting the training.
- I agree that my personal data for registration and use in the APP „GearPilot“ are incorporated and stored according to legal requirements.

<https://www.edelrid.de/en/privacy-policy.php>

Signature + stamp

SEND FORM PER MAIL >

Mail to p.frey@edelrid.de