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**Course on Risk Management in Insurance**  
15<sup>th</sup> to 18<sup>th</sup> April 2020

**Binding Registration**

Name, qualification:

Address:

Telephone:

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Billing address:

Company\*:

Area of responsibility\*:

I would like to register for the course:

- € 666 incl. VAT

Date:

Signature:

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\* This information is for the lecturers only and is not compulsory.