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Registration Form Participant

Please complete in CAPITAL LETTERS or use the electronic version

Company

Member of the Innovation Centre: Yes / No

Street

Postal Code

City

Country

Personal details of the participant:

Last Name

First Name

Title

Company Department

Phone

Fax

Email Address

Important!

If the billing address is not the same as the listed address, please provide all information necessary for billing:

Billing Adresse:

Company

Company Department

Street

Postal Code

City

Country

Order number, cost center or other important details

Date

Signature (not necessary in electronic version)

Company Stamp (not necessary in electronic version)