

Cost takeover form

Date of course: _____
Datum

Type of course: (please use a separate form for each course!)

- First aid course (EHG En)
- complete
 - own contribution with BG billing
- Fire warden course (BSH En)

Participant: _____
Surname, Name
(for multiple participants, please attach file with data)

_____ Date of Birth

Invoice recipient:

Company

Address

Postal code

City

Contact person

Email

We confirm that we will assume the costs of the course listed above, unless the costs are assumed by the relevant employers' liability insurance company (BG/UK).

Company seal

Date, Signature

The cost takeover form must be sent in advance by fax or scan together with the course registration (for contact information see footer). The cost takeover form must be submitted by the date of the course at latest. If the form is not submitted by then, the course fee will be collected from the course participant directly on site. The General Terms and Conditions (AGB) for training and fees apply in their most current version. To be viewed at www.asb-berlin-suedwest.de