

## **Training Ordering Sheet**

Testia GmbH  
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**Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Training Name:** \_\_\_\_\_

**Date:** (if already scheduled) **or**  
**expected training time frame:** \_\_\_\_\_

**Preferred Training Location:** \_\_\_\_\_

**Number of participants:** \_\_\_\_\_  
(to be defined in list of pax, page 2):

**Preferred Language:** \_\_\_\_\_

**Training Price per Participant:** \_\_\_\_\_  
(in €)

**Total costs for all participants:** \_\_\_\_\_  
(in € excluding tax)

**Contact Person:** \_\_\_\_\_

**eMail:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

Herewith I approve that I have read the conditions of the Testia GmbH in the main offer and that my company will pay the agreed training fees and travel costs (if applicable).

\_\_\_\_\_  
Date, Company Stamp, Signature

