

Enrollment

For the tooth-workshop „Possibilities of tooth treatment under practice circumstances” in Gartow on 17th/18th of March 2012

To send to:

ProSaani GmbH

Muenchehofer Strasse 30

15366 Hoppegarten OT Muenchehofe

Telefon 03342/3095190 – Fax 03342/3095191 – E-Mail: info@prosaani.

| Use block letters, please! | |
|----------------------------|--|
| Name | |
| First name | |
| Street/house number | |
| Code/place | |
| phonefax/mobile | |
| e-mail | |
| Prior knowledge on horses | |

8 participants maximum, to be regarded chronically after date of payment.

Course fee: 180,- €/ 1 day
 300,- €/ weekend

I sign in for

Saturday

Sunday

Please, pay the fee on following account:

ProSaani GmbH, Berliner Volksbank, BLZ 10090000, Account number: 103 645 2001
or BIC BEVODEBB, IBAN DE76100900001036452001

We will confirm you payment after receiving.

Ort, Datum:

Unterschrift: