

# Registration for an **Individual** Seminar at the König Training Centre

Please complete this page in full and send, email or fax it to the address below.

The fields marked with \* are mandatory.



I.

**Company\*:**

**First name, Last name:**

**Street\*:**

**Country, Postcode, Place\*:**

**Telephone\*:**

**Contact:**

(if you book for your company)

**Address of Seminar Venue:**

(if address differs)

II.

## AGENDA / SEMINAR CONTENTS

**Desired Date\*:**

(dd.mm.yyyy)

**Alternative Date 1:**

(dd.mm.yyyy)

**Alternative Date 2:**

(dd.mm.yyyy)

**Planned number of participants:**

(if you book for several participants of your company)

For the creation of certificates, please enter full names of the participants, if these have already been determined. Use the separate sheet in the appendix for this purpose.

**Please describe the desired training contents in keywords**

(use the Inhouse and Individual Practice Seminar info sheet for orientation):

III.

## INFORMATION ON YOUR COMPANY / THE SEMINAR PARTICIPANTS:

**Branch\*:**

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Furniture store / Furniture trade | <input type="checkbox"/> Furniture manuf. / Fabrication | <input type="checkbox"/> Window installation | <input type="checkbox"/> Floor trading / Floor layer |
| <input type="checkbox"/> Carpentry / Interior Fittings     | <input type="checkbox"/> Forwarding company / Deliverer | <input type="checkbox"/> Stair builder       | Other:   |

**Your/the participants previous knowledge\*:**

- |   |   |
|---|---|
| <input type="checkbox"/> Beginner(s)  | <input type="checkbox"/> Knowledge of experienced participants should be deepened |
| <input type="checkbox"/> Little previous knowledge of surface repairs available   | Other:  |
| <input type="checkbox"/> Participants already work with professional repair products in practice, but have not yet been trained on them |   |

**Product knowledge:**

Are you/your employees already experienced with König products? If yes, with which ones?

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Do you/your employees already work with König kit systems and/or with products of other manufacturers? If yes, with which ones?

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**IV.**

**SEMINAR CONDITIONS\*:**

☐ Yes, I have received, read and understood the seminar conditions of Heinrich König GmbH & Co. KG.  
By registering for the seminar, I accept them.

**V.**

**ONE MORE QUESTION: HOW DID YOU HEAR ABOUT THE SEMINAR?**

<input type="checkbox"/> LinkedIn	<input type="checkbox"/> Facebook	<input type="checkbox"/> Instagram	<input type="checkbox"/> Trade magazine – if yes, which
<input type="checkbox"/> König website	<input type="checkbox"/> König webshop	<input type="checkbox"/> Recommendation	one: _____

Place/Date:

Signature:

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# Seminar Participants

If you are booking for a group of participants of your company, please enter the first and last name of each participant here in print. In this way, the participation certificates can already be prepared. Should there be any changes, we kindly ask you to inform us in writing in good time, at the latest however orally to the seminar leader at the beginning of the event.

First name, Last name

1.

2.

3.

4.

5.

6.

7.

8.

9.