Registrationform ADDIS

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| --- | --- |
| Name | E-mail |
| Workplace | Phonenr workplace |
| Occupation | Mobiltephone number |
| Adress workplace | Invoice adress |

Education

|  |
| --- |
| Sschool/ education/length of education |

Earlier emlployer

|  |  |  |
| --- | --- | --- |
| Employer | Task assignments | Number of years |
|  |  |  |
|  |  |  |
|  |  |  |

Current taskassignments

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|  |

Acquired konowledge about addiction

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|  |

This declaration is binding. Invoicing will be done in advance. If you cancel your application 4 to 2 weeks before the start of the education you will get 50 % of your fee back. If you cancel only 2 weeks before start you will not get any repayment. Although you can offer someone else to replace you for free,, or you can be offered to join the next upcoming educational occasion for free.

|  |  |
| --- | --- |
| Date | Contractmanager (name, mobile phone nr)) |
| Date for the required education | |

Send to info@addis.se