



TESTIA

AN AIRBUS COMPANY

Training Ordering Sheet

Testia GmbH

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Fax: +49 (421) 538-871 2954

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)

Purchase Order number:

This indication is mandatory
to confirm the training.

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

