

Registration for a Training Workshop

Please complete this page in full email or fax it to trainings@heinrich-koenig.com
The fields marked with * are mandatory.



i.

ATTENDEE INFORMATION

Company*: _____

First name, Last name: _____

Street*: _____

Country, Postcode, Place*: _____

Telephone*: _____

Email*: _____

Number of Attendees: _____

(Fill the Names of Additional Attendees in the end)

ii.

TRAINING WORKSHOP

Please Select the Training Workshop you wish to attend:

June 13, 2026 – Frederick, MD

July 18, 2026 – Dallas, TX

August 15, 2026 – Denver, CO

September 19, 2026 – Chicago, IL

October 17, 2026 – Phoenix, AZ

November 14, 2026 – Orlando, FL

iii.

WORKSHOP 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.

iv.

ONE MORE QUESTION: HOW DID YOU HEAR ABOUT THE WORKSHOP?

LinkedIn

Facebook

Instagram

trade magazine – if yes, which

König website

König webshop

Recommendation

one: _____

V.

PAYMENT FOR WORKSHOP

Credit Card Number*: _____
Exp. Date*: _____
CSV Code*: _____
Name on Card*: _____

Once your registration form is received, we will process payment and email you the receipt and further instructions for your selected training workshop.

Dates and Locations are subject to change. You will be notified of any changes, and any cancellation due to change will be refunded to you. Registration for all Workshops will close 14 days prior to scheduled date. Any attendee that cancels within the 14 days prior to Workshop will not be refunded, but can be moved to another Workshop date/location.

Place/Date:

Signature:

Workshop 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. _____

Registration for an individual seminar at the König training Centre | V02 | our general terms and conditions apply.