



# Admission form

DPS stretch ceilings  
installer training

Participants [first and last name]:

1	
2	
3	
4	
5	
6	

Name, phone number and email for contact purposes:


Company information [name and address]:


VAT NUMBER:

--

OTHER REGISTRATION:

--

Time of training:

--

**Training place:** *the headquarters of GRUPA DPS Sp. z o.o. In Katowice, ul. Krakowska 85a*

To enroll in the **DPS** training you have to submit a filled admission form to the email: **training@grupadps.com**.

DPS will then provide you with a proforma invoice.  
The registration is considered complete when you submit the confirmation for the transfer of the advance payment to the email address: **training@grupadps.com** and you receive a confirmation of registration from **DPS Group**.