

# ISOCELL BLOW-IN SEMINAR

## REGISTRATION

by mail → [academy@isocell.at](mailto:academy@isocell.at)  
by fax → +43 62 16 / 79 79

I hereby register bindingly for the ISOCELL blow-in seminar on \_\_\_\_\_ with \_\_\_\_\_ participants

DD.MM.YYYY

No. of participants

First name	Surname	Position	Clothing size	Vegetarian
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Travelling by  Car  Train  Air

Participants to be picked up  Salzburg Airport  Salzburg Main Railway Station at \_\_\_\_\_ o'clock

Room reservation  Single room  Double room Arrival \_\_\_\_\_ DD.MM.YYYY  
Departure \_\_\_\_\_ DD.MM.YYYY

Blow-in machine  NO  YES Type \_\_\_\_\_

Experience in the processing of cellulose  Much experience  Little experience  No experience  Delegated to subcontractors

Core business of the company  Timber frame construction  Log house construction  Interior finishing  
 Other

Company \_\_\_\_\_

Contact person \_\_\_\_\_

ZIP code \_\_\_\_\_ Town \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

Stamp \_\_\_\_\_

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