

TERMS AND CONDITIONS

TRAINING METHOD

The language of the course depends on the attendees, so please state on the booking form in which languages you could follow the course. All training materials are in English.

NUMBER OF ATTENDEES

Minimum: 3 persons

Maximum: 9 persons

CANCELLATION

Cancellation may be made free of charge up to 10 working days prior to the start of the course. After this 100% of the course fee will be billed. When you then decide to enroll for the next available training course, we will invoice you for an extra 50% (total = 150% of the course fee).

Substitution may be made free of charge. In the event of non-attendance without prior cancellation the full course fee is payable. iNovasion reserves the right to cancel courses due to insufficient enrollment or other circumstances.

HOW TO BOOK

If you would like to reserve places on a course, please complete the booking form on the next page and send it to the address mentioned on the booking form.

Approximately 2 weeks before the start of your course, you will receive information of your booking and full course details.

Training courses are held at the iNovasion office in Arnhem. You will receive directions to our office with the confirmation of your booking.

You can also download the booking form:

<http://www.inovasion.nl/downloads/training/bookingform.pdf>

If you require any further information regarding any of our training services, please contact:

Training Department iNovasion: +31 (0)6 23 172 326 or, mnotebaart@inovasion.nl

<http://www.inovasion.nl/training.aspx>

BOOKING FORM

TRAINING COORDINATOR AND/OR CONTACT PERSON:

| | |
|--------------|--------------------|
| Company Name | VAT nr |
| Last Name | Mr/Mrs/Miss/Ms |
| Department | Location |
| Address | |
| Postcode | City |
| Telephone | Fax |
| E-mail | Purchase Order nr. |

COURSE:

STARTDATE:

PREFERRED LANGUAGE (YOU CAN SELECT MORE THEN ONE): Dutch English

PLEASE LIST THE PEOPLE TO ATTEND:

| Attendee | Male/Female | First Name | Last Name | Department |
|----------|-------------|------------|-----------|------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |

INVOICE ADDRESS (IF DIFFERENT FROM ADDRESS GIVEN ABOVE):

| | |
|--------------|--------------------|
| Company Name | VAT nr |
| Last Name | Mr/Mrs/Miss/Ms |
| Department | Location |
| Address | |
| Postcode | City |
| Telephone | Fax |
| E-mail | Purchase Order nr. |

I agree with all conditions (prices, training terms etc.) and all the necessary prerequisites.

Date Signature

Please send this booking form to: iNovasion BV, Oude Oeverstraat 120, 6811 JZ Arnhem OR

send an e-mail to: mnotebaart@inovation.nl