

Registration Seminar Machine Learning

Start _____

Course selected _____

Costs _____

Personal data (home address)

Title _____

Last name _____

Name _____

Date of birth _____

Place of birth _____

Street & house number _____

Postal code _____

City _____

Country _____

Phone _____

Mobile _____

- Employment situation
- employee
 - self-employed
 - unemployed

Company details (billing address)

Company _____

Department _____

Street & house number _____

Postal code _____

City _____

Phone _____

Fax _____

E-mail _____

Position in the company _____

Billing address home company

In which field are you currently active?

Do you already have experience with Machine Learning? If yes, which ones?

What are your expectations for the Machine Learning Seminar?

*With my signature I/we accept the GTC of the University of Applied Sciences Karlsruhe - Technik und Wirtschaft. In case of registration by the company, the stamp and the signature are absolutely necessary.

Date, place _____

*Signature, company stamp _____

Please fill out the form, sign it and send it scanned to

Romina Junk

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Tel: +49 721 925-2800

