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Adventure Therapy Institute

Hofstattgasse 1

D - 88131 Lindau

private data of the participant:

first name:		last name:	
street address:		postal code-city:	
date of birth:		email (private):	
telephone (private):		mobile (private):	
other:			

employer or invoice address (if relevant):

company / employer:			
street address:		postal code-city:	
telephone (business):		mobile (business):	
contact person:		email (business)	

I register for the following offer:

(training) offer	date:	location:

Anmeldung | Registration

The offer does not include travel or seminar cancellation insurance. Cancellation fees will also be charged in the event of non-participation, e.g. due to illness. **We recommend that you take out travel cancellation insurance.**

Your registration is valid upon receipt of the registration confirmation.

The invoice will be sent separately digitally upon booking.

The general terms and conditions of the Institute for Adventure, Outdoor & Nature Therapy GmbH & Co. KG apply.

You can view/download these as a PDF on the internet at www.ati.academy.

Cancellation and rebooking costs from the respective education or training centre /conference hotel which arise due to rebooking, cancellation or early departure by the participant are to be borne by the participant.

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- I agree that my name, address and telephone number may be given to other course participants for the purpose of contact and joint travel planning and that my data may be stored digitally.
 - I agree that digital photo and film material taken during the courses may be used by ATI.
 - I am aware that participation in the course can only take place if a medical certificate or the completed medical self-disclosure form is submitted before the start of the course.
 - I accept the general terms and conditions of the Institute for Outdoor, Adventure & Nature Therapy GmbH & Co. KG.
 - I hereby confirm that I have received advice to take out cancellation insurance.

place, date and signature