

QSAR TOOLBOX TRAINING 2024

BASIC: JANUARY 18-19

ADVANCED: JANUARY 22-25

REGISTRATION FORM

Data of the attendant

Name:		Surname:	
Title:	Dr.	Mrs.	Mr.
E-mail address:			
Phone no.:			

Course you want to attend

(Please mark with an X the corresponding course/s)

Basic

Advanced

Invoicing Details

Full name of Legal Entity/Person:
Address:
Postcode:
City:
Country:
VAT-Identification No.:
Contact person:
E-mail address:

Comments

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info: general@reachmonitor.org