

## Registration for Intensive Seminar CPUX-F

Send by fax to +49 221 677 891-70 or as scanned document to [info@procontext.de](mailto:info@procontext.de)

I hereby register the person named below as participant for the **training for UXQB® Certified Professional for Usability and User Experience - Foundation Level (CPUX-F)** at ProContext Consulting GmbH.

This is a binding registration. The registration fee is EUR 1500 plus VAT.

(Lunch and catering during breaks are included, accommodation costs are not included.)

### Date of the seminar:

- |  |  |
|--|--|
| <input type="radio"/> 22-Jan til 24-Jan-2019 (Köln) <b>in German</b>       | <input type="radio"/> 30-Sep til 2-Oct-2019 (Köln) in English              |
| <input type="radio"/> 26-Mar til 28-Mar-2019 (Köln) <b>in German</b>       | <input type="radio"/> 28-Oct til 30-Oct-2019 (Heidelberg) <b>in German</b> |
| <input type="radio"/> 14-May til 16-May-2019 (Heidelberg) <b>in German</b> | <input type="radio"/> 3-Dec til 5-Dec-2019 (Köln) in English               |
| <input type="radio"/> 17-Jun til 19-Jun-2019 (Köln) in English             | <input type="radio"/> 10-Dec til 12-Dec-2019 (Heidelberg) <b>in German</b> |
| <input type="radio"/> 28-Aug til 30-Aug-2019 (Köln) <b>in German</b>       |  |

**Participation in certification test:**  The registered person will take part in the certification test on the last day of the seminar.

- The person is a member of the German UPA. Membership no.: \_\_\_\_\_  
The additional cost is EUR 240 plus VAT.
- The person is **not** a member of the German UPA.  
The additional cost is EUR 300 plus VAT.

### Information about the participant:

First and last name: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

### Information about the contracting party / billing address:

Company: \_\_\_\_\_

First and last name: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Department: \_\_\_\_\_

Street + house no.: \_\_\_\_\_

Postal code: \_\_\_\_\_

City: \_\_\_\_\_

Country\*: \_\_\_\_\_

\*) e.g. Germany, United Kingdom, Austria, Switzerland, ...

I hereby confirm that I am authorized to register the person mentioned above as participant.

\_\_\_\_\_  
Place, Date

\_\_\_\_\_  
Signature

The participation is guaranteed only after the payment has been received. Cancellation policy: Until 30 days before start of the seminar 100% refund, after this day no refund.