

## **(Pro-rata) Assumption of Costs by the Employer**

We hereby agree to bear the costs for the participation of participation

Please insert first name and surname of the participant!

in the course

Please insert name of the course!

as follows:

Payment of the entire participation fee

Payment of \_\_\_\_\_ % of participation fee (Please insert the percentage share!)

### **Employer Details**

(Please enter the desired billing address!)

Company / Institution:

Department, if applicable:

Street / P.O. Box:

Postcode and City:

Contact person:

E-Mail:

Invoice No. or similar:

Place, Date:

Company stamp  
and Signature: \_\_\_\_\_