

# Registration Form

1st International Elexxion Experience - Hamburg 27./28. April 2018

**Participant Name:**

**Country:**

**Local Distributor:**

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Seminar Fee:	with valid VAT #:	695,00 €
	without valid VAT #:	827,05 €

**Bank transfer to:**

Name

Medixess GmbH

Bank

Sparkasse Engen-Gottmadingen

IBAN

DE52 6925 1445 0005 6227

SWIFT

SOLADES1ENG

Reference

IEE - Hamburg - {NAME}

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**Invoice Details:**

Company

Address

Zip Code

City

Country

VAT #

**return application to:**

Germany

[info@medixess.de](mailto:info@medixess.de)

Fax: 07733/9487663

Europe

[toewe@elexxion.com](mailto:toewe@elexxion.com)