**Registration form – Non-conformity management for automotive**

**We kindly ask you to complete the form below in order to register yourself for this training. Once completed, please return this form to the following e-mail address:** **training@sqs.ch****. A confirmation will be sent to you afterwards within three working days.**

**Available dates:**

[ ]  November 25th, 2025 - SQS Zollikofen

**Company contact details**

|  |  |
| --- | --- |
| Full name |       |
| Street/number |       |
| Postal code |       |
| City |       |
| SQS-client (Complete account no. 🡪 6 digits) |       |

**Billing information**

[ ]  The invoice has to be sent to the address mentioned above

[ ]  The invoice has to be sent to a different address (please fill in the details into the box below)

**Personal details of participant(s)**

Number of participant(s):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title** | **First name** | **Last name** | **E-Mail** | **Phone number** |
| [ ]  Mrs. [ ]  Mr. |       |       |       |       |
| [ ]  Mrs. [ ]  Mr. |       |       |       |       |
| [ ]  Mrs. [ ]  Mr. |       |       |       |       |
| [ ]  Mrs. [ ]  Mr. |       |       |       |       |

[ ]  **I accept all** [**terms and conditions**](https://www.sqs.ch/en/trainings/training-courses-conditions) **(please confirm by marking the box)**

**Other important remarks**