APPLICATION FORM:

Course:	Date (from-to):	
Last Name:			
First Name:			
Date of birth:			
Street:			
Zip, City:			
Country:			
Private Phone:			
Business Phone:			
Mobile:			
Mail:			
in the order in which depos course, but to save admini	sits are received. We will send pr strative costs and assure the hig	d registration form. Free spaces will be ass rogram details at least 3 weeks prior to th gh quality of the courses, we will not send onsible for their own accident and cancella	ne
IBAN CH75 0900 0000 170)1 1235 2 ance; Nordring 8; 3030 Bern, Sv	e 4, 8236 Büttenhardt, Switzerland witzerland	
less Fr 100/€ 84 will be ref For cancellations less than course fee will be charged.	funded, and Fr 100/€ 84 will be of 20 days before the course, for n	21 days before the course, half of the course credited toward the next course you enroll no-shows or early exit from the course, the ited toward future enrollment.	l in.
Date/Signature:			
Please send this page to th	e following address:		
SOS			

SOS Buckstrasse 4 8236 Büttenhardt Switzerland