

Form for Registering Interest in German Interns

Name of Business: _____

Contact: _____ Position: _____

Address: _____

Tel.: _____ Fax: _____

e-mail address: _____ Website: _____

No. of interns required: _____ Period required: _____

Field in which interns required: _____

Please return form by post, e-mail or fax to:



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