



LABORATORY MANAGEMENT TRANSFER FORM

This form is to be faxed to Kim Krynauw at +49 6221 8891 209 to ensure we have your course fee.

Full Name : _____

Type of course : Open Fellows Advanced

Course Date : _____

Transfer Reference (please add your last name) : 522/LM08/ _____

Name of Account Holder : _____

Name & Address of Bank : _____

Amount Transferred : _____

Date

Signature