

REGISTRATION FORM

Simulating with Aimsun Next Training Course | August 13th -15th, 2019 New York City, NY

Please fill in a separate form for each person attending and send it to info@aimsun.com

PARTICIPANT DETAILS		
First name & last name:		
Organization:		
Telephone:		
Email:		
We will not share your name, company and email addregive us permission to do so. If you wish to share these c		training course unless you
☐ I wish to share my name, company and email addre	ess.	
Aimsun may take some photos during the event/trainir company website, social media pages, or communicat		
Yes, I give Aimsun my consent to use and distribute	e my image only for the purposes described above	2.
Signature:		
BILLING ADDRESS		
Organization:		
Street address:		<u> </u>
City & zip:		
State (or country):		
Email*:		
Tax ID No.:		
*for invoicing purposes only		
PARTICIPANT REQUIREMENTS		,
☐ Participant Simulating with Aimsun Next, Au	gust 13 th to 15 th , 2019	1,500.00 USD
	TOTAL IN USD (excluding taxes)	



PAYMENT METHOD

¹ Aimsun informs you that it retains your personal data as a client of the company. These data are for administrative purposes, including billing, invoicing, follow-up and customer service for Aimsun clients. For more information on how we use your data and how to exercise your rights, please refer to our Privacy Policy.