



FOSTER x-R E-Learning course

Name and Surname:

Current occupation:

Affiliation:

Email address:

Why do you want to follow the E-Learning course of Foster x-R?

Do you wish to get a certificate after completing this course?

I, hereby, confirm that I will not share with anybody else the log-in information of the e-Learning material without permission of the Foster x-R responsible.

Signature–date–Full name