

# The CEIPI Basic Training Course, Copenhagen

## Enrolment Form

Name:	
Address:	
Telephone number:	
Telefax number:	
E-mail address:	
Educational background/courses:	
Experience:	
Passed the DIFI course:	

Please forward filled in Enrolment Form to:

Majbritt Codam  
E-mail: [info@ceipi.dk](mailto:info@ceipi.dk)

For further information please contact:

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