**Registration form**

**FEFLOW USER DAY 2019, BUDAPEST**

Location: **MAVÍZ Nagyterem, Budapest, 1051, Sas utca 25.**

Date: **16. October 2019.**10.00 -16.10.

|  |  |
| --- | --- |
| **Participants**  **Name 1:**  **Position 1:**  **Name 2:**  **Position 2:** |  |
| **Company name, address:** |  |
| **Contact**  **Phone:**  **E-mail:** |  |



Please, send back the a filled registration form:

FAX: **+36 1 799 8234**, E-MAIL: **office@dhi.hu**

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