



MAX PLANCK INSTITUTE OF QUANTUM OPTICS

Training request

A. Participant / applicant

Name

First name

Date of birth

Function

Cost centre

B. Financing via:

(Only possible with prior approval)

Cost centre

C. Training provided

Organizer:

Costs:

Location:

Date/
Time:

Reason:

(for German courses: please explain business interests
on a separate sheet)

Date/Signature of Applicant

Date/Signature Head of Administration

Date/Signature Head of Department

Date/Signature Works Council

Print form