**DAB e.V.
Weidenbachring 14**

**82362 Weilheim-Marnbach**
**Tel: +49 881 92451395**



**Registration for bee sting therapy training**

**󠆳 Monday, September 16 to Wednesday, September 18, 2024**

**󠆳 Friday, September 20 to Sunday, September 22, 2024**

**Location: Apitherapy Center Oderding, Riedanger 1, 82398 Polling-Oderding**

[**Directions**](https://www.google.com/search?q=Apitherapie-Zentrum+Oberland+in+Polling-Oderding&rlz=1C1GCEB_enDE997DE997&oq=Apitherapie-Zentrum+Oberland+in+Polling-Oderding&gs_lcrp=EgZjaHJvbWUyBggAEEUYOTIHCAEQIRigATIHCAIQIRigAdIBBzI1OGowajeoAgCwAgA&sourceid=chrome&ie=UTF-8)

Surname and first name: ......................................................

Date of birth: ..........................................................................

Street: ........................................................................

Zip code and city: .................................................................

E-mail, telephone, website: ...............................................

Profession: ..........................................................................

**Registration (prepayment)**

Deposit up to six weeks before the start of the course: EUR 250

for DAB members: 890 EUR

for non-members: 950 EUR

Overnight accommodation is available in nearby restaurants and guesthouses.

I transfer the money: ...... EUR (please specify!!!)

**Bank details DAB**:

**Sparda-Bank Munich**

BANK CODE: **700 905 00**

Account no: **3297780**

IBAN: **DE20700905000003297780**

BIC (Swift code): **GENODEF 1 S 04**

**Important:** Due to the space available, only a limited number of seminar places are available. Participation will therefore be considered according to the time of receipt of registration and payment.

I confirm with my signature the seminar contract conditions!

**Date: Signature:**

Please fill in legibly and send by e-mail to **arno.bruder@tonline.de** or **verwaltung@apitherapie.de**