



REGISTRATION FORM

Please register by marking the bullet point next to the course for which you want to register. Complete the appropriate date wherever possible. If no specific date has been determined NUANCE will contact you for further inquiries.

Nuance speech solutions

END USER APPLICATIONS

<input type="checkbox"/> Dragon NaturallySpeaking	<input type="checkbox"/> 26.9 <input type="checkbox"/> 31.10 <input type="checkbox"/> 28.11 <input type="checkbox"/> 19.12
<input type="checkbox"/> OmniPage	<input type="checkbox"/> 26.9 <input type="checkbox"/> 31.10 <input type="checkbox"/> 28.11 <input type="checkbox"/> 19.12
<input type="checkbox"/> Enterprise Express	<input type="checkbox"/> 9.10 <input type="checkbox"/> 13.11 <input type="checkbox"/> 11.12
<input type="checkbox"/> PowerScribe	On Request

Please complete your personal data here

Name:	First Name:	
Function:	E-mail:	
Street:	Zip Code:	City:
Tel.:	Fax:	
My invoice must be sent to:		

If you want the invoice to be sent to your company, please complete these data

Company/Organization:		
Section/Field of study:		
Street	Zip Code:	City:
Tel.:	Fax:	
E-mail:	VAT-number:	

This registration form can be faxed to 09 239 80 00.

More detailed information can be found on **www.nuance.be**