



*** Type of reference :**

Inviting organisation/company

*** Name of the organisation, company or hotel :**

Technische Hochschule Ingolstadt

Organisation's place of business, town/city :

Organisation's place of business, country :

Organisation's objectives/area of activity :

Name of the register of the organisation :

Location of register :

Register number :

*** Family name of contact person :**

Studienangelegenheit

*** First name(s) of contact person :**

Service Center

Date of birth :

Sex :

Nationality :

*** Street :**

Esplanade

*** House number :**

10

*** Postal code :**

85049

*** Town/city :**

Ingolstadt

*** Country :**

Germany

Telephone :

+4984193482100

Email :