



Registration

PingPongParkinson Mentoring Programm
GOOL2025

Send via e-Mail

stefan.ganse@pingpongparkinson.de



1. Personal details

Firstname, Surame * _____

Street, No.. _____

ZIP, City. * _____

Country * _____

Date of birth _____

E-Mail * _____

Tel./Mobil * _____

2. language skills

	fluent	basic knowledge		fluent	basic knowledge
German:	()	()	_____	()	()
English	()	()	_____	()	()
French	()	()	_____	()	()

3. assistance requested for: *

() Arrival and departure () Accommodation () Accreditation () Accessibility () Venue
() Rules of the game () Public transport () Supporting program () Translation () Training

further: _____

4. declaration

I would like to use the GOOL2025 mentoring program as a protégé and agree that my personal data may be stored and processed as part of the tournament planning and implementation and that the marked (*) data may be passed on to third parties (mentor) as part of the GOOL2025 mentoring program (Federal Data Protection Act).

Place, date, signature

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