

Company: Contact Name:

Address:

Zip code: City: Country:

Invoicing address of invoice (if different from above):

Zip code: City: Country:

Telephone: Fax:

E-mail (requested) : Website:

Number of delegates:

-1) Last Name: First Name:

Position:

E-mail (requested):

-2) Last Name: First Name:

Position:

E-mail (requested):

-3) Last Name: First Name:

Position:

E-mail (requested):

Registration fee per delegate: € 290.00 tax included (VAT: €47.53)

Complimentary: within one or two weeks after the event, sending of summary of the interventions.

Payment:

Tick the box of your choice

Check in euro enclosed, drawn up to the order of Millenium Organisation

Bank transfer in euro to the order of:

Millenium Organisation

IBAN: **FR76 3006 6109 1200 0102 0220 125 - SWIFT CODE : CMCIFRPP**

Please supply proof of payment to: Fax +33 (0)1 43 21 04 60

Authorized signatory: Date, signature and company stamp:

Name:

Position: