



ALFI Spring Conference

24 & 25 March 2015

Nouveau Centre de Conférences (NCK) - Luxembourg - Kirchberg

REGISTRATION FORM

PLEASE COMPLETE IN BLOCK CAPITALS

First & Last Name:	Mr. /Ms
Title, Department:	
Company:	
Street: ZIP-Code, City: State/ Country:	
E-mail for confirmation:	
Phone:	
Fax:	
Remarks:	

Invoice address:

Company:	
VAT number: see page 3	Mandatory
<input type="checkbox"/> ALFI member (please check, if applicable)	
Street: ZIP-Code, City: State/ Country:	
E-mail for sending invoice:	
I herewith register for the above mentioned event and confirm that I have carefully read and accept the registration conditions and VAT information set out in this document.	
Date: _____ Signature: _____	

Register by fax: +31 20 57 27 377 or by email: registration@parthen.nl



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Please complete and fax to: + 31 (0)20 572 73 77

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Name Participant:
Amount due*: EURO

First name & Last name: <i>(as on credit card)</i>	
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<input type="checkbox"/> I hereby allow you to charge my credit card <u>directly</u> .	
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Name on Credit Card	
Credit Card Number:	
Security Code:	<i>(last 3 digits on the reverse back side of your card)</i> _ _ _
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Date: / / 201....	Signature:

****Subject to correction by registration office, if applicable.***