

REGISTRATION FORM

CEPS/ ECRI corporate members – check the applicable box (+21% VAT)

ECRI/ECMI members | EUR 1000 CEPS Corporate or association member | EUR 3000

PLEASE INDICATE THE NAME AND POSITION OF THE MAIN CONTACT PERSON

First name:	Last name:
Job title:	
E-mail:	Telephone:

Non-members - check the applicable box (+21% VAT)

Full Fee | EUR 5,000

PLEASE INDICATE THE NAME AND POSITION OF THE MAIN CONTACT PERSON

First name:	Last name:
Job title:	
E-mail:	Telephone:

Billing information (only for industry participants)

Company/Association:

Department:

Tax register number (VAT for Europe):

Postal address:

Postcode:

City:

Country:

Contact person:

Date:

Signature: