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| **Seminar Title:** | | | | | | | | |
| **SECTION 1 – PARTICIPANT(S) PERSONAL DETAILS** | | | | | | | | |
| Last Name: | | | First Name: | | | | | Title: |
| Position: | | | E-mail: | | | | | |
| Last Name: | | | First Name: | | | | | Title: |
| Position: | | | E-mail: | | | | | |
| Last Name: | | | First Name: | | | | | Title: |
| Position: | | | E-mail: | | | | | |
| Last Name: | | | First Name: | | | | | Title: |
| Position: | | | E-mail: | | | | | |
| **SECTION 2: COMPANY DETAILS** | | | | | | | | |
| Authorized Representative: | | | | | | | | Title: |
| Company: | | | | | Position: | | | |
| Business Address: | | | | | | | | |
| Tel: | | Fax: | | | | E-mail: | | |
| By submitting this form:  I understand and accept the terms and conditions | | | | Signature: | | | | |
| Date of Booking: | | | | |
| **SECTION 3 : PAYMENT DETAILS** | | | | | | | | |
| Number of Participants: | Fee per participant: € | | | | | | Total Net Fee: € | |
| Please indicate whom to invoice Company Individual | | | | | | | | |
| **Terms and Conditions**  An invoice will be sent upon receipt of registration form. Cancellations made within five (5) working days prior to the start date of the seminar will be liable for the full fees. Substitutions are welcome at any time without any additional charge. EIMF reserves the right to change or cancel the dates of the programme. | | | | | | | | |