

REGISTRATION FORM

Please note

*Each Member State can assign **2 representatives** to the seminar.*

YES, I would like to register for the seminar in Amsterdam on 9-10 February 2012

Name:

Institution:

Position:

E-mail:

Telephone:

Bank account details:

Account holder:

IBAN:

BIC/SWIFT:

PLEASE RETURN, **BEFORE 15 JANUARY 2012**, BY E-MAIL OR FAX TO:

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