Registration Form to ECR Baltic Forum Events 2015

Date: ____/2015



PLEASE SEND THIS FORM FILLED and SIGNED TO <u>INFO@ECR-BALTIC.ORG</u> or FAX +371 67332276 before 05th of November 2015

Event selection (X) and delegate information: Name, position, e-mail:	11 th November ECR Baltic Retail – Manufacturer tour EUR 100*/ 125		12 th November ECR Baltic Forum and Marketplace EUR 175*/250		13 th November Shopper Marketing Master-Class EUR 175*/ 250		Copy of Key Note Speaker Mark Taylor "50 shades of shopping book" EUR 12.00	
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2.	()	()	()	()
3.	()	()	()	()
4.	()	()	()	()
5.	()	()	()	()
*ECR Baltic Company If marked all 3 Are you ECR Baltic member (X)? Payment details: Company Name: Registration number: VAT number: Address: Other (Your PO Number): Main contact details: Name: Phone number: E-mail: Your comments: By signing this form I guarantee the payment ECR Baltic. I have read the event(s) details, commendations/ seminars/terms-and-conditions/ website.	Yes! () N	JR 4) e issued within 24	1% L	Latvian VAT	regis	stration form by	

Authorized signature:_____