

ECR Baltic Forum 2010

November 11, 2010
Radisson Blu Hotel
Elizabetes street 55, Riga, Latvia



FORUM REGISTRATION FORM

1. DELEGATE INFORMATION (Please use BLOCK CAPITALS)

Family Name First Name

Job Title

- | | |
|---|--|
| <input type="checkbox"/> Supply Chain & Logistics | <input type="checkbox"/> IT |
| <input type="checkbox"/> Sales | <input type="checkbox"/> Financial |
| <input type="checkbox"/> Purchasing | <input type="checkbox"/> General Management |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Other, please specify |
| <input type="checkbox"/> Category Management | |

Full Company Name.....

Company VAT No.....

Office Address

Post Code..... Country

Invoice Address (if different from above).....

Tel Fax..... E-mail

• May we print your email address in the participant's list? Yes No

2. TYPE OF ACTIVITY

- Retailer
- Manufacturer
- Distributor
- Service provider
- Other, please specify

3. COUNTRY OF ACTIVITY

- Estonia
- Latvia
- Lithuania
- Baltic's
- Other, please specify

4. SIZE OF ORGANISATION*

(Number of full-time employees)

* For multinational companies – number of employees in all Baltic countries

- Up to 20
- 20-100
- More than 100

5. CURRENT LEVEL OF INTERACTION WITH ECR ACTIVITIES

- Not involved in ECR activities so far
- Informed about ECR activities
- Participating in ECR activities (including outside Baltic's)

6. REGISTRATION FEES

- ECR Baltic Member Company Fee (per delegate)
€ 99.00 (+VAT 21%)
- Non-Member Company Fee (per delegate)
€ 125.00 (+VAT 21%)

Check your company's membership status on www.ecr-baltic.org or by calling +371 67830821

7. NEW: REGISTER FOR RETAIL/MANUFACTURER TOUR

- Retail-Manufacturer Tour Fee (per delegate) on 10.11.2010
24.00 ECR Baltic members / 48.00 non member

8. ACCOMODATION

Would you like to book a hotel

Yes No

PLEASE FAX OR E-MAIL THIS FORM TO ECR BALTIC SECRETARIAT (before October 31, 2010)

Brivibas street 149, Riga, LV 1012, Latvia
Tel: +371 26422903 Fax: +371 67332276
Email: info@ecr-baltic.org

Get program updates and register online at www.ecr-baltic.org

HOTEL REGISTRATION FORM

1. DELEGATE INFORMATION

Family Name

First Name

Company

Company Address

Post Code..... Country

Tel Fax

E-mail

2. RESERVATIONS REQUIREMENTS

No. of hotel nights

Arrival Date:..... Departure Date:

Single Superior Single

Double or Twin Superior Double or Twin

Smoking Non Smoking

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