Registration form to ECR Baltic Forum 2014 Events:



Optional:

Optional:

PLEASE SEND THIS FORM FILLED and SIGNED TO <u>INFO@ECR-BALTIC.ORG</u> or FAX +37167885461 before 10th of October for "Early Bird fees" below:

Address:

Name:

E-mail:

Phone number:

Your comments:

d. Main

contact

details:

Other (Your PO Number):

11th November

	a. Event select and delegat information	te	ECR Bal Forum 202 Baltic Bea Hotel Jurma EUR 125*/ 1	14, ich ala	Manufacti	tail- urer our	Evening Evening Networking Eve	ng ng nt	Collaborative Relationship Management Master Class EUR 400*/ 600
1.	Name, position, e	e-mail:	()	()	()	()	()
2.			()	()	()	()
3.			()	()	()	()
	*ECR Bar b. Are you ECF c. Payment details:	R Baltic member Company Name Registration nu	er (X)? Yes!		egular Fee exc	ludii	ng 21% Latvian	VA	

Optional:

By signing this form I guarantee the payment according to the invoice issued within 48h after receipt of this registration form by ECR Baltic. I have read the event(s) details, cancellation policy, full terms and conditions on www.ecr-baltic.org website.

Date:/	//2014	Authorized signature:	
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