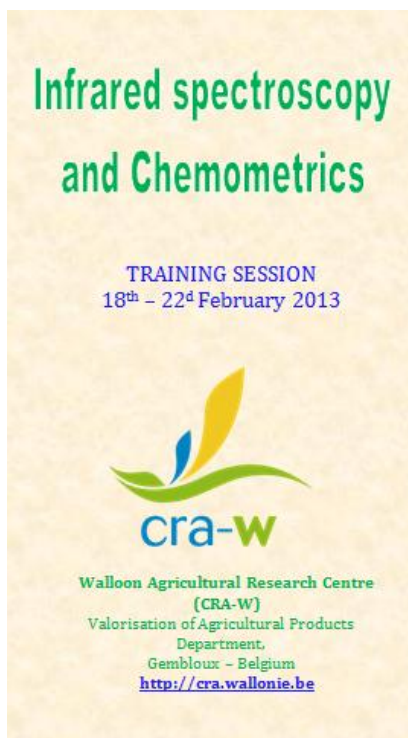


REGISTRATION FORM

Please fill in one form per participant



Mr ☐ Ms ☐

Last name:

First name:

Affiliation:

Address:

Zip code:

City:

Country:

VAT number:

Phone:

Fax:

E.mail:

REGISTRATION FEES - PAYMENT by Bank Transfert: (Please send us a document of proof)

TOTAL AMOUNT TO BE PAID: 1800€ *(It includes lunches and coffee breaks, the training books and a training dinner)*

Bank name: DEXIA BANQUE SA

Branch Address: Boulevard Pacheco, 44, 1000 Brussels

Account number: 091-0129280-08

International Bank Account Number (IBAN) : BE63 0910 1292 8008

Bank Identifier Code (SWIFTCODE) : GKCCBEBB

Communication: Training 2013 - Unit 15 – your name

Date:

Signature:

Please send this form with your payment to: fernandez@cra.wallonie.be