



PARTICIPATION FORM

ALL FORM FIELDS ARE REQUIRED
DATA FOR THE INVOICE

NAME OF COMPANY

COMPANY ADDRESS

TAX NUMBER

PARTICIPANT DETAILS

NAME, SURNAME OF THE PARTICIPANT

FUNCTION OF THE PARTICIPANT

CONTACT PHONE NUMBER

EMAIL ADDRESS

PARTICANT NR2

I hereby declare, that I have in my possession the Event Rules (terms of conditions) and that I have familiarized myself with them that I understand its contents and that I accept the provisions contained therein (also the attachments of them). Finally I declare my consent to the storage of my personal data within EMWCONGRESS Sp. z o.o. . I am aware that this application form is at the same time the application for participation and obligation of the Participant to make payment for the applicated participation.. I am also aware of the Additional Services Form, which I can use for requesting additional services.

COMPANY STAMP, DATE

NAME AND SURNAME COMPANY REPRESENTATIVE

ATTENTION: lack of signature or stamp shall render the order processing impossible