



ECG Academy and Management Training Registration Form

Compliance with EU Competition Law

I hereby confirm my registration for the Compliance with EU Competition Law Course on

_____ 20_____

Please fill in the form in capital letters, as legibly as possible.

Participant

M F

Last name First name

Company

Position GSM

E-mail

Special dietary requirements (if any)

Business address

Invoicing address (if different from business address)

Company name Company name

Street / P.O. Box..... Street / P.O. Box

Postcode..... Postcode

Town..... Town

Country..... Country.....

VAT number for invoicing

Other contact person (if relevant, e.g. HR).

Name

Position.....

Telephone.....

E-mail

I will ensure the fee invoice is settled in full before the start of the Course

Place..... Date.....

Signature

Please scan and email the completed form to info@ecgassociation.eu