****

**REGISTRATION FORM – TCS - INTGST2017**

|  |  |
| --- | --- |
| **Organization name**  |  |
| **The person authorized to sign the contract (Name, Surname, position)** |  |
| **Address** |  |
| **Phone** |  |
| **Executive contact (Name, Surname, position)** |  |
| **VAT** |  |
| **Webpage** |  |

**Responsible person’s information:**

|  |
| --- |
| **Participation format: Delegate Package** |
| **№** | **Name, Surname** | **Position** | **Phone, e-mail** | **Price** |
| **1.** |  |  |  |  **1440 EUR** |