



REGISTRATION FORM

**DINNER
offered by ALMEGA**

**Stockholm, Sweden
September 14, 2006
21.00 CET**

PLEASE FILL OUT THIS FORM AND FAX OR E-MAIL IT BACK BEFORE 30 JUNE 2006 TO:

**CoESS
Secretariat
Myriam Vandervorst
Tel: +32 2 462 07 74, Fax: +32 2 460 14 31, e-mail: mva@i-b-s.be**

Name:

Titel:

Company/Association:

Address:

.....

Tel: Fax:

E-mail:

1) Will participate at the dinner offered by ALMEGA on 14 September, 2006 YES NO

2) Will be accompanied by (spouse/partner):

Please fill out one form for each representative of your organisation wishing to participate at the dinner.

Date:

Signature:

