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**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** |