

Registration form

CEPS IIIeIIIbeis – Cile	eck the applicable box (+	21% VAT))				
☐ CEPS Premium Corporate member FREE							
☐ CEPS Corporate or association member EUR 2500							
☐ CEPS Premium Institutional member EUR 1000							
☐ CEPS Institution	al member EUR 1500						
☐ CEPS Civil Societ	ty and Academia membe	er FREE					
PLEASE INDICATE TH	E NAME AND POSITION	OF THE M	AAIN CONT	ACT PERSON			
First name:		Last name:					
Job title:	Job title:						
E-mail:		Telephone:					
Non-members- chec	k the applicable box (+2	1% VAT)					
☐ Corporations ar	nd Industrial Association	s EUR 5	,000				
☐ Institutions EU	R 2,000						
☐ Civil Society and	d Academia EUR 500	☐ Civil Society and Academia EUR 500					
PLEASE INDICATE THE NAME AND POSITION OF THE MAIN CONTACT PERSON							
PLEASE INDICATE TH	E NAME AND POSITION	OF THE N	AAIN CONT	ACT PERSON			
PLEASE INDICATE TH	E NAME AND POSITION		MAIN CONT	ACT PERSON			
	E NAME AND POSITION			ACT PERSON			
First name:	E NAME AND POSITION	Last ı		ACT PERSON			
First name: Job title:	E NAME AND POSITION	Last ı	name:	ACT PERSON			
First name: Job title: E-mail:		Last ı	name:	ACT PERSON			
First name: Job title: E-mail: Billing information		Last ı	name:	ACT PERSON			
First name: Job title: E-mail: Billing information Company/Associatio	n:	Last ı	name:	ACT PERSON			
First name: Job title: E-mail: Billing information Company/Associatio Department:	n:	Last ı	name:	ACT PERSON			
First name: Job title: E-mail: Billing information Company/Associatio Department: Tax register number	n:	Last ı	name:	ACT PERSON Country:			
First name: Job title: E-mail: Billing information Company/Associatio Department: Tax register number	n: (VAT for Europe):	Last ı	name: phone:				
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First name: Job title: E-mail: Billing information Company/Associatio Department: Tax register number Postal address: Contact person:	n: (VAT for Europe):	Last ı	name: Dhone: City:	Country:			