



To make sure we deliver samples, invoice and report to the right address and we do have all your contact details correct please return this form to secretariat@uili.org

Ref	: 10 th UILI ILP 2016
Version	: 2.0
Date	: March 14, 2016
Pag.	: 1/1

PARTICIPANT CONTACT DETAILS

UILI MEMBER YES NO

Participant

Company name:

Contact person:

Subscriber e-mail:

Phone:

Sample delivery

Company name:

House name:

Street:

House number:

P.O. Box:

Section:

Postal code:

City:

State:

Country:

Invoicing

Company name:

VAT / Tax ID / NIF / CIF number:

Contact person:

Invoice e-mail:

Reporting

Contact person:

Report e-mail: