



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 | : 13 th UILI ILP 2016 |
| Version | : 1.0 |
| Date | : April 21, 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/-Province:

Country:

Invoicing

Company name:

VAT / Tax ID / NIF / CIF/ CUIT number:

Contact person:

Invoice e-mail:

Reporting

Contact person:

Report e-mail: