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Ref	: 12 th UILI ILP 2016
Version	: 1.0
Date	: April 28, 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:.....