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	: 21th UILI ILP 2017
Version	: 1.0
Date	: Juni, 2017
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: .....