

# REGISTRATION FORM

## SUBSCRIBER

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Name and first name: .....  
Job title/Department: ..... E-mail: .....  
Company: .....  
Address: .....  
.....  
Telephone: ..... Fax: .....

## INVOICE

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Address and department (if different) .....  
.....  
VAT: ..... Reference: .....

## PARTICIPANTS

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Name and first name .....  
Job title/Department: ..... E-mail: .....  
Course: ..... Date: .....

Name and first name .....  
Job title/Department: ..... E-mail: .....  
Course: ..... Date: .....

Name and first name .....  
Job title/Department: ..... E-mail: .....  
Course: ..... Date: .....

## CONFIRMATION TO

- participant(s)
- subscriber
- participant(s) and a copy to subscriber

*I agree with the general conditions (cancellation, replacement, payment, ...) as stated on the ABIS website.*

Date and signature: .....

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