APPLICATION FORM

Topic:

Date:

Company name	
Address: postal code, city	
Address: street, no	
Tax identification number	
Telephone / e-mail	

We are reporting the following participants

LP.	First name and last name	Position	E-mail	Telephone
1				
2				
3				
4				

ACCOMMODATION BOOKING: YES / NO

Number of rooms	Type of room			Arrival date	Date of departure
	1 person	2 persons	3 persons		

Additional information

Please send your application by e-mail to the following address: akademia@chespa.eu

…… ……

DATE THE STAMP AND SIGNATURE OF THE AUTHORIZED PERSON