

EUSGA REGISTRATION FORM CONVENTION 2019 – Switzerland

REGISTRATION FORM

Dear Manufacturer Partner

Please, fill in this form to Register to 2019 EUSGA Convention. We need this information to organize the Events and Transfers properly. 1 form per participant

- Yes, I will attend lunch on Wednesday 22nd May 2019 at Kubo Tech AG
- Yes, I will attend the Welcome Dinner at the Hotel on Wednesday 22nd May 2019(20.00 h)
- Yes, I will attend the Gala Dinner on Thursday 23rdth May 2019
- Yes, I will attend the visit to Kubo premises & lunch, Friday 24th May 2019 (until 14.00 h)
- Special dietary requirements (please specify): _____
- Yes, will join the leisure program including my partner/spouse

PARTICIPANT NAME: _____

PARTNER/SPOUSE NAME (if it is the case): _____

COMPANY: _____

E-mail : _____

I will travel directly to the hotel (bus transfer from Kubo to Hotel not required)

***ARRIVAL at Zurich Airport**

Day and time: _____

Terminal: _____

Flight Nr.: _____

From: _____

***DEPARTURE from Zurich Airport**

Day and time: _____

Terminal: _____

Flight Nr.: _____

To: _____

*Can be submitted later

HOTEL ACCOMODATION.

Please, remember that Hotel accommodation has to be done directly with the hotel.
To fill in this form doesn't imply Hotel reservation (separate instructions will be given).

CONVENTION 2019 – Switzerland

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Convention that will take place in Switzerland during 22-24 May 2019 (see separate program)

as a: **Manufacturer Partner** **Manufacturer Partner Premium**

MANUFACTURER PARTNER,

Cost of the Annual Convention Fee is 2,000 €, includes Table Top participation and 2 participants in the Annual Convention.

MANUFACTURER PARTNER PREMIUM (more than 3 years as a Manufacturer Partner)

Cost of the Annual Convention Fee is 1,500 €, includes Table Top participation and 2 participants in the Annual Convention.

Included are free Meals and transportation from Kubo Tech AG to Hotel and back: At the Hotel we provide conference room and one table. Hotel rooms are at your charge.

INVOICING ADDRESS

Invoice covering the participations to the Convention will be issued in January. Please, fulfill this section with details of the Company and person who will be responsible of the invoice:

Company Name Company VAT Nr

Contact person e-mail address

Company Address

City Post Code Country

Name

Date

Signature