Registration form

Participant's details

-CAPITAL LETTERS, PLEASE-

Title:	First Name:	Name:
Position:		
Organisation/Company:		
Address:		
Phone:	Email:	

I will attend the EPRUMA event:

☐ **I HAVE an accreditation** to access the EP**. Registration** by **27.11.2017**

☐ **I NEED a guest pass** to access the EP**. Registration** by **20.11.2017**

(Tick as appropriate)

PLEASE RETURN TO info@epruma.eu

Registrations will be treated on a first come, first serve basis.