**25th European CPO Round Table**

**Strategies & Organisations**

**14th - 15th June 2018**

at the Charles de Gaulle Airport, Paris, France

REGISTRATION FORM

**Please print this form (one per participant) and email it to** [**scodeville@eipm.org**](mailto:scodeville@eipm.org)

**or fax it to Silmara Codeville at +33 (0) 4 50 31 56 80**

**❒** Ms. **❒** Mr.

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| Family Name: | |
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| First Name: | |
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| Job Title: | |
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| Company: | |
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| Zip Code: | City: |
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| Country: | |
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| Tel: | Fax: |
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| E-mail: | |

**Please register me for:** (tick)

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| **Thursday, 14th June** | **Thursday, 14th June** | **Friday, 15th June** |
| **Round Table day 1**  **14h30 – 17h30** | **Cocktail & Dinner**  **20h30** | **Round Table day 2**  **08h30 – 15h30** |
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| **Food restrictions / vegetarian?** |  |

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| **FEES** (Includes lunches, dinners, coffee breaks and documentation) | | |
| ❒ EIPM Club Members | **FREE** | **Date & Signature:** |
| ❒ Early Bird (for payments until April 30th) | **1’500 € + VAT** |
| ❒ Normal fee (for payments from May 1st) | **1’700 € + VAT** |

**Payment Terms**

**COMPULSORY**

**Purchase Order N°:………………………………………………………………………..**

**Your company VAT N°:**…………………………………………………………………………………………

**Invoicing dept contact and Tel N°:**…………………………………………………………………………..

**Invoicing address: (If different from participant’s one)**………………………………………………….

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| **PAYMENT CAN BE MADE BY:** (please tick)   * **Credit Card** (Diners card not accepted) □ amex_logo □ Eurocard□ visa_logo * **Cheque payable to** EIPM – Bât Mont Blanc II – Rue Antoine Redier – 74160 Archamps – France * **Bank transfer in Euros payable to**:   SARL EUROPEAN INSTITUTE OF PURCHASING MANAGEMENT  Bank: Crédit Agricole des Savoie – 2, Place de la Libération BP 95 – 74160 St Julien en Genevois – France  Bank Code: 8106 - Sort Code: 00034 - Account n°: 341 626 74 050 - Key: 08  Swift Code: AGRI FR PP 881 - IBAN: FR76 1810 6000 3434 1626 7405 008  European VAT Number: FR 913 930 946 28  **IMPORTANT: Please specify Invoice Number on transfer**. |

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| **Cardholder’s name:** | **Cardholder’s Signature:** |
| **Number:** |
| **Expiry date:** |
| **Security code (last 3 digits on the back):** |

## CANCELLATION POLICY

All cancellations are to be made in writing. You may change the name of the participant at any time.

BD15059_ For cancellations received until April 30th, 2018, 50% of the amount due will be charged.

BD15059_ For any cancellations received from May 1st, 2018, 100% of the amount will be charged.

***Please note that NO REFUND will be made for cancellations due to issues with Airline or Train companies!***

Please note that we’ll be filming and/or taking pictures during the event and a photo of you might be used on our website and/or printed promotional material. Please email scodeville@eipm.org if you do not want us to use it for such purposes.

❒ **I have taken note and accept the conditions** (please tick)