



THE SOURCE FOR PURCHASING

Human Capital in Purchasing Workshop

29th & 30th Oct 2009

“The hidden force that drives Mature Purchasing Organisations”

REGISTRATION FORM

Please print this form (one per participant) and FAX it to:
Kay Bayen - EIPM: +33 (0) 4 50 31 56 86

REGISTER NOW FOR AN EARLY BIRD FEE!

- Yes, I will attend the Workshop
 No, I will not be able to attend the Workshop
 No, I will not be able to attend. Please consider me for future events

Ms. Mrs. Mr.

Family Name:

First Name:

Job Title:

Company:

Address:

Zip Code:

City:

Country:

Tel :

Fax :

E-mail :

Please register me for: (tick)

Hotel October 29th	Cocktail & Dinner October 29th	Conference Day October 30th
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<u>FEES</u> (Including hotel*, lunches, dinner, coffee breaks and documentation)		Date & Signature:
<input type="checkbox"/> Early Bird fee until August 31st	800 € EXCLUDING VAT	
<input type="checkbox"/> Normal fee from September 1st	1000 € EXCLUDING VAT	



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- Inclusive in fees: EIPM sponsor 1 night accommodation at a pre-selected hotel, on the 29th October. (1 hotel room per participant).
- Non-deductable for participants who do not take this option.

Payment Terms

COMPULSORY

Purchase Order N°:.....

Your company VAT N°:.....

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

Invoicing address: (If different from participant one).....

PAYMENT CAN BE MADE BY : (please tick)

Credit Card

(Diners card not accepted)



Cheque payable to EIPM - French Geneva Campus - Site d'Archamps- 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

IMPORTANT: Please specify Invoice Number on transfer.

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

YOUR REGISTRATION WILL BE AUTOMATICALLY CONFIRMED UPON RECEIPT OF YOUR PAYMENT

CANCELLATION POLICY

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

➔ for cancellations received by September 1st 2009 , 50% of the amount due will be charged.

➔ for any cancellations received from October 1st 2009, 100% of the amount will be charged.

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

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