



REGISTRATION FORM

Registration for

The Proficiency Seminar for Experienced Buyers

Spring Session

Autumn session

Participant's Information

Ms. Mrs. Mr.

Family Name: First Name:

Date of Birth:/...../..... Nationality:

Tel: E-mail:

University Degree or Other:

Job Title: To whom do you report (title):

Job Description (your responsibilities):.....

.....

.....

Years of purchasing experience? Number of persons under your responsibility:

Purchasing portfolio (what do you buy, give details on the segments):

.....

.....

Have you attended previous purchasing trainings? Yes No When was the last one:/.....

Which educational institution:.....

What were the main topics?

.....

Previous professional experiences (the 2 most recent ones):

.....

.....

What topics interest you the most regarding the training you will be attending?.....

.....

Company's Information:

Name: Website:.....

Address:

..... Country:

Tel: (+.....)..... Fax: (+.....).....

Invoicing information

Contact name:.....

Tel: (+.....)..... E-mail:

Address:

Country: VAT number:

Date:/...../.....

Signature:



TERMS & CONDITIONS

General conditions: Expenses for transportation, food, accommodation and optional textbooks are not included.

Cancellation policy: Should the participant cancel, the EIPM will charge:
- 30% of total fees within 30 and 16 days' notice before the start of the session
- 100% of total fees less than 15 days' notice before the start of the session. The participant has the option to postpone his registration to the next session.

The EIPM will cancel the course if less than 7 participants are registered, 15 days before the start of the course.

Conditions of payment: After the registration is made, the company is engaged to pay the fee upon receipt of the invoice.

The Proficiency Seminar for Experienced Buyers

- Normal rate 3700 € (+VAT)
- Early bird rate 3200 € (+VAT)

I hereby confirm that I agree with the above terms & conditions.

Date:/...../.....

Signature:

For more information on your company, could you please complete: _____

Group Purchasing Executive:.....

Tel:..... E-mail:.....

Purchasing VP per type of Business BU1:.....

Tel:..... E-mail:.....

Purchasing VP per type of Business BU2:.....

Tel:..... E-mail:.....

Your direct Manager:.....

Tel:..... E-mail:.....

Group HR Executive:.....

Tel:..... E-mail:.....

Your direct HR Manager:.....

Tel:..... E-mail:.....

Corporate Training Manager:.....

Tel:..... E-mail:.....

As a participant of EIPM's trainings, we are proud and pleased to welcome you in the EIPM Network. We will inform you about the EIPM activities through the EIPM Newsletter.

If you do not wish to receive any information from the EIPM, please tick this box