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**Registration form for individuals/companies who need to pay via bank transfer.**

 **please fill in the form below and return it to: carole.thielens@ams.ac.be**
Each participant will receive an email confirming their registration.

**Company details
Company Name:
VAT Number:
Address:
email of the contact person for invoicing:**

**Participant 1:
Are you an AMS alumnus?**

**First name:
Last name
Email**
**Job title:
company name:

Participant 2:
Are you an AMS alumnus?**

**First name:
Last name
Email**
**Job title:
company name:**

 **Participant 3:
Are you an AMS alumnus?**

**First name:
Last name
Email**
**Job title:
company name:**

**Participant 4:
Are you an AMS alumnus?**

**First name:
Last name
Email**
**Job title:
company name:**

**Participant 5:
Are you an AMS alumnus?**

**First name:
Last name
Email**
**Job title:
company name:**