**A screenshot of a computer

Description automatically generated**

**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:**