



**PRESS REGISTRATION FORM**  
PLEASE FAX TO +32 2 646 64 60

**FEFCO Summit**

To obtain a Press badge, please fill in the necessary information below:

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**Contact details**

Mr.  Mrs.  Ms

First name \_\_\_\_\_ Last name \_\_\_\_\_  
Function \_\_\_\_\_ Newspaper/Magazine \_\_\_\_\_  
Address \_\_\_\_\_  
Postal Code \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_  
Direct phone # \_\_\_\_\_ Direct fax # \_\_\_\_\_  
Email\* \_\_\_\_\_

*\* All related communication will be by email.*

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**Wednesday 15<sup>th</sup> September 2010**

I will attend the welcome cocktail hosted by AFCCO from 19:30-21:00  Yes  No  
Number of persons attending the welcome cocktail: .....

**Thursday 16<sup>th</sup> September 2010**

I will attend the Get-together dinner as of 20:30  Yes  No  
Number of persons attending the Get-together dinner: ....

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Signature / Date :