



Your organization name

EUROPOM 2017 Registration Form

Please fill in the following details

Organization name: _____
Country of origin: _____
Contact person name: _____
Email and telephone: _____

We would like to:

- Come as visitors Attend with own stand (fruit display) Attend Saturday Excursion
 Not come at all Attend Friday Consortium dinner Provide samples for degustation

Visit dates: From: _____ To: _____

Estimated number of people attending:

(We understand that this may change, however we need to make hotel and restaurant bookings now)

Do you need financial support to attend? yes no

Any comments or questions:

Please send us signed Registration Form (as pdf or JPEG) to an email address info@europom2017.cz or alternatively send it by post to

Český zahrádkářský svaz, z.s.

Rokycanova 318/15

130 00 Praha 3

Czech Republic

Clearly mark the envelope with "EUROPOM 2017" and make sure we receive it by 30th April 2017.

Organization Stamp

Signature

Date

ČZS internal comments

approved

not approved