

PARTICIPATION FORM	
Company's name:	Legal form:
	Year of creation:
Participant's name:	Website:
	Email:
Job position:	Fax:
Address:	
Postal code:	
City:	
Phone:	
Do you belong to a group or holding company?	☐ Yes ☐ No
If yes, in which one?	
Company's activity:	
Responsible for the business meetings:	
Spoken languages:	