



Registration Form

Please print the document and fax a signed copy to:

+ 49 711 45 99 98-29

WEIGLEWILCZEK

Phone + 49 711 45 99 98-0

info@weiglewilczek.com

Hereby I register the participants named further for the Eclipse Banking Day:

Company

Name _____
Street no. _____
ZIP city _____
Country _____
Website _____

Contact

Name _____
Firstname _____
Department _____
Phone/ Fax _____
e-mail _____

List of participants

Name	Firstname	e-mail of participant
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you need special lunch (vegetarian, kosher, etc.) please let us know in advance – thank you.

City, date _____

Signature _____