

**Event**

**Topic:** VI SPANISH WINE TASTING JUNE 2010

**Date:** 30/06/2010

**Time :** 19-21H

**Place:** Spanish Chamber of Commerce. (Belliard, 20 - 1. 1040, Brussels).

**Participant's information**

Last Name		
Name		
Company		
Address		
City/ Country		
Telephone/ Fax		
E-mail / Internet		
Member of the Chamber	YES	NO

**Would like to take part in this event:**

- Alone  
 Accompanied by

Name-Last Name	Company	E-mail

Price per participant (VAT included)	
Member*	30 €
Non Member	45 €

\*Those accompanying a member of the Chamber will benefit from the 'member's fare' when being their guests.

- I will send back this reply form to the Chamber.
- I will pay the amount of ..... € by bank transfer to the Chamber's account number **BE 20642000102556 – BIC: BBVABEBB**, indicating the concept and number of participants. The Chamber will send me the related invoice.
- I accept that this service is submitted to the general sale conditions of the Chamber.

**Invoicing address (if different from the above):**

In ..... date ..... signature(s)

**To be sent to**

**Luis Molina**

**Cámara Oficial de Comercio de España en Bélgica y Luxemburgo, asbl-vzw**

Belliard 20, 1040 Bruselas - Tel. +32 (0)2 517 17 40 Fax +32 (0)2 513 88 05

negocios@e-camara.com