

**Topic:** "Workshop on Social Media Management for Business and European Projects"

**Duration:** 2 days, 9 hours

**Date:** 25/10/2018 and 26/10/2018, from 8:30 AM to 13:00 PM

**Venue:** Official Spanish Chamber of Commerce in Belgium and Luxembourg- Rue Belliard 20-1040 Brussels

**Participant's information**

Last Name		
Name		
Company		
Position		
Address		
Postal code/ City/ Country		
VAT Number		
Telephone		
E-mail / Web		
Member of the Chamber	YES	NO

Would like to take part in this course:

Alone /

Accompanied by

Name-Last Name	Company	Position	E-mail

Price per participant (VAT included)	Member*	Non Member
	160	190

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

- I will pay the amount of .....€ by bank transfer to the Chamber's account number **BE 20642000102556 - BIC: BBVABEBB**, indicating the invoice number. The Chamber will send the related invoice after receiving this reply form duly completed and signed. The amount will be fully paid unless express notification of cancellation of the registration received, at least 72 hours before the event. Other participant may replace registered person with prior notice.
- The Chamber reserves the right to not allow the access to the event to all those people who did not pay the subscription fee before the event celebration.
- Unless you previously notify the opposite to the Official Spanish Chamber of Commerce in Belgium and Luxembourg, your participation on this activity allows us the use of your image through the pictures taken by the entity in order to publish news and other publications on the web and social media.
- I accept that this service is submitted to the general sale conditions of the Chamber.
- I wish to receive an invoice: YES      NO
- The data indicated here will be used exclusively for purposes related to the event and we will proceed to the destruction of this form once it has been held.

[ ] I confirm that I have been informed of the purpose of the processing data indicated in this document and expressly authorize the Chamber to treat them in relation to the event.

[ ] I want to be registered in the Chamber's newsletter, with news, activities of the Chamber, information about the members, cultural collaborations and other interesting information.

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

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

**To be sent to:**

**Ms Marta González**

**Official Spanish Chamber of Commerce in Belgium and Luxembourg, asbl-vzw**

Belliard 20, 1040 Brussels / 4, Bld. Emmanuel Servais, 2535 Luxembourg

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