

**Topic: Workshop “Professional Ham Cutting Course”**

**Date: 31/01/2022, from 09:00h to 17:30h**

**Venue: Excellis Building - Rue Colonel Bourgstraat 105A -1140 Evere- Brussels**

**Participant’s information**

Last Name	
Name	
Company	
Position	
Address	
Zip code/ City/ Country	
VAT Number	
Telephone	
E-mail / Web	

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

Alone /

Accompanied by

Name-Last Name	Company	Position	E-mail

Price per participant (+ VAT)	375 €
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- I will pay the amount of .....€ by bank transfer to the Chamber’s account number **BE08735053459213 - BIC: KREDBEBB**, 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 15 days before the event. Other participant may replace registered person with prior notice. To complete the registration a payment receipt should be forwarded to [info@e-camara.com](mailto:info@e-camara.com).

- 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):**

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

**To be sent to:**

**Sra. Sara Sánchez**

**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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