

REGISTRATION FORM

*C.M.I. 2005 ANNUAL ASSEMBLY
Paris – 16th April 2005*

Member Association :
Address :
.....
Fax : E-mail :

Name of the delegate : Title :
Address :
.....
Fax : E-mail :

Please indicate if other delegates of your association will attend the Assembly (2 max.) :

Second delegate	Third delegate
Name :	Name :
Address :	Address :
.....
Fax :	Fax :
E-mail :	E-mail :

Please indicate how many delegates and accompanying persons will attend the luncheon hosted at 12:30 by A.F.D.M. :

Proposals for the Nominating Committee :
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.....

Proposals for Titulary Membership :
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.....
.....

PLEASE RETURN THIS FORM TO THE ATTENTION OF
Miss Pascale STERCKX, Assistant Administrator
Address : CMI - Mechelsesteenweg 196 – B 2018 Antwerpen, Belgium
☎ : 0032.3.227.35.26 📠 : 0032.3.227.35.28 ✉ : admini@cmi-imc.org