

# Registration Form

## The Marketing and Sales Academy for Chemicals and Plastics

Title:	First Name:	Last Name:
Job Position:		
Company:		
Address:		
Town:	State:	Post Code
Country:		
Tel:	Fax:	
Email:		

*(or simply copy or attach your business card to the form)*

### Registration

Please register me for the following workshops

Subject	Venue	Dates	Value(Euro)

Workshop attendance is Euro 1750 per delegate, this includes attendance at all speaker sessions, session papers, lunch and coffee, special consultation with our marketing experts after the workshop.

*A special member rate of Euro 1500 per delegate applies to ECMSA and CDMA members*

*Special rates on request for multiple attendance from one company.*

### Accommodation

Please book accommodation for me at a convenient hotel

Arriving date: \_\_\_\_\_ Departing date: \_\_\_\_\_

*(please note that all hotel costs are payable by delegates on their own account)*

### Payment

Please charge my credit card:

Visa       Mastercard       Eurocard       American Express

Card n°

Name:

Expiry Date:

I agree that my card will be charged in Euro at a rate applying at the time of transfer.

Signature \_\_\_\_\_

*Cancellations: You are welcome to substitute at any time. No refund will be made for cancellations within 4 weeks of workshop Programme: The organisers reserve the right to make changes to the programme.*

*Please send to*

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