

Kindly return the form

before April 30, 2015to Luxembourg Chamber of Commerce

 Mrs. Edith Stein

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 **Seminar on Arab Gulf countries**

Monday, 4th of May 2015

Venue: Luxembourg Chamber of Commerce

**Registration Form**

Company : ………………………………………………………………………..

Last Name, First Name: ………………………………………………………………………..

Position: ………………………………………………………………………..

Street, No.: ………………………………………………………………………..

Postal code, City: ………………………………………………………………………..

Mobile: ..………………………………………………………………………

E-mail: ………………………………………………………………………..

**Seminar on Arab Gulf countries**

Will participate to the seminar: [ ]  YES [ ]  NO

Will participate to the networking lunch: [ ]  YES [ ]  NO

In case a multi-sectoral trade mission to will be organised in 2016, would you be interested to join:

[ ]  YES [ ]  NO

 Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_