ENTRY FORM

COMPANY………………………………LINE OF BUSINESS………………………….….

ADDRESS…………………………….……….CITY…………………………………….……….

POSTAL CODE………………….…COUNTRY………………………………………………

NAME and SURNAME………………….…………………………………………………….

POSITION…………………..…….TELEPHONE…………………FAX……….……………

E-MAIL……………………………………………….…MOBILE……………..……………….

WEBPAGE………………………………………………………………………………….………

Participant signature and stamp of the Company………………………………

Please send us back legibly fulfilled application form ( in jpg. file) before the 30th of September on the e-mail address: Beata.Budzynska@sochaczew.pl or Magdalena.Matych@sochaczew.pl