

Kindly return the form

before July 1, 2014to Luxembourg Chamber of Commerce

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**Round Table Luxembourg-Mongolia**

Thursday, 3rd of July 2014

Venue: Luxembourg Chamber of Commerce

**Registration Form**

Company:

Address:

Phone: / Fax:

E-mail: / Web-site: \_

Name and Title of the participant(s)

Will participate to the round table **(15:00-16:30):**

[ ]  YES [ ]  NO

Will participate to the networking reception:

[ ]  YES [ ]  NO

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

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