

APPLICATION FORM

The International Congress of Garden Cities – KOLUMNA 2017

DATE and VENUE	8-10th September, 2017 Zespół Szkół Ogólnokształcących w Łasku-Kolumnie, 1 Toruńska Street		
FULL NAME of the PARTICIPANT			
NAME of the COUNCIL/COMPANY/ ASSOCIATION		National ID (if applicable)	
FULL ADDRESS			
e-mail		PHONE	

INVOICE DATA

CONTRACTOR		National ID (if applicable)	
FULL ADDRESS			
PRICE	Participation in the congress, accommodation in a high standard hotel (4-star spa clinic), food, coffee service during breaks, congress materials (8-10 th Sept., 2017)	80 euro	
I accept the electronic invoice (please indicate the option)		YES / NO	

All participants are obliged to send the application form to the organiser and make the payment until 15th July, 2017 on Stowarzyszenia Nasza Kolumna bank account:

POLUPLPR 39 92630000 0504 9533 2005 0001

Contact Person:

Tomasz Piotrowski
The member of the congress committee
topio@interia.pl

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Participant's signature