# OFFLINE GENERAL REGISTRATION FORM



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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TITLE OF WORKSHOP:** | | | | |  | | | | |
| **COMPANY NAME:** | | |  | | | | | | |
| **CONTACT PERSON:** | | | |  | | | | **JOB TITLE:** |  |
| **ADDRESS:** | |  | | | | | | **TELEPHONE:** |  |
|  | | | | | |
| **FAX:** |  | | | | | | **E-MAIL:** |  | |
| **DATE TO BE HELD:** | | | | | |  | **COUNTRY:** |  | |
| **TODAY’S DATE:** | | | | | |  |

**Please register the following person(s): (Place name and position in boxes and write e-mail atop)**

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| --- | --- |
| **E-mail:** |  |

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|  |  |

**Representative’s Name Position**

|  |  |
| --- | --- |
| **E-mail:** |  |

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**Representative’s Name Position**

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| **E-mail:** |  |

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Representative’s Name Position

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**Representative’s Name Position**

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| **E-mail:** |  |

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**Representative’s Name Position**