

Applicant

ASSOCIATION/ COMPANY

CONTACT PERSON

LAST NAME

FIRST NAME

POSTAL ADDRESS

ZIP CODE

CITY

COUNTRY

TEL

FAX

E-MAIL

WEB PAGE

Registration Fees

Select Category	Annual fee
<input type="checkbox"/> FULL MEMBERS (National PCO organisations)	€ 500
<input type="checkbox"/> ASSOCIATE MEMBERS – INCLUDED MEMBERS (PCO companies that are members of an EFAPCO Full Member Association)	€ 250
<input type="checkbox"/> ASSOCIATE MEMBERS – DIRECT MEMBERS (PCO companies located in a European country where there is no national association or any non-European country)	€ 1.000
<input type="checkbox"/> AFFILIATE MEMBERS (Corporate meeting planners plus all suppliers to the Meeting Industry)	€ 1.200

Payment

The payment and the registration form must be sent to the EFAPCO Secretariat

I have instructed my bank to transfer the amount due with no cost to the beneficiary, to:
Account No. 001-4569144-35 in the name of EFAPCO, IBAN: BE57 0014 5691 4435, BIC: GEBABEBB

Credit card Authorisation
I hereby authorise EFAPCO to debit my VISA / MASTERCARD credit card, the amount of _____, _____ €

Card Number

Expiry Date

CVC number

Cardholder Name

Signature

Date

Stamp of National Association (if applicable)

Please accept this association / company as an EFAPCO member

I declare that I accept EFAPCOs By-Laws

I confirm that the information provided in our application documents is true

I accept that, should any discrepancies in the information provided is found to be inaccurate, our application will automatically be rejected

Signature _____

Date ____ - ____ - ____

EFAPCO SECRETARIAT / OFFICE ADDRESS

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