



REGISTRATION FORM: ALLUME DISSEMINATION EVENT
12-13 SEPTEMBER 2011 BARCELONA

Name, First Name: _____

Organisation: _____

EUCEN member: Yes No

E-mail/phone: _____

Function: _____

Address: _____

Participation in guided city tour and dinner on Monday evening (12/09) at own expenses

Yes No

PLEASE FILL IN AND FAX/EMAIL THIS FORM UNTIL 10 AUGUST 2011 TO EUCEN:

**Fax +34 93 542 2975
projects@eucen.org**