



IPI Event Registration Form

Event _____

Date _____

Participant

Ms. Mr.

Title _____

First Name _____

Last Name _____

Company _____

Departement _____

Address _____

Zip, City _____

Country _____

Phone _____

E-Mail _____

Date, Signature:

Billing Address

(if different to the participants address)

Name _____

Company _____

Departement _____

Address _____

Zip, City _____

Country _____

Remarks:

Accommodation

Please advise an accommodation

Send registration to:

IPI International Packaging Institute
Neustadt 51
CH-8200 Schaffhausen
Switzerland

Fax: +41 52 675 51 55
Email: info@ipi.eu