



## 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:

\_\_\_\_\_

### I would like to be invoiced in:

CHF

EUR

### Billing Address

(if different to the participants address)

Name \_\_\_\_\_

Company \_\_\_\_\_

Departement \_\_\_\_\_

Address \_\_\_\_\_

Zip, City \_\_\_\_\_

Country \_\_\_\_\_

### Remarks:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Accommodation

Please advice 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](mailto:info@ipi.eu)