

MEMBERSHIP FORM

Please return this document by email to

cristina.oltean@agrion.org

Or by fax at +33 (0)1.48.01.66.05

Company: _____

Legal Entity: _____

TVA number (if applicable): _____

SIRET number: _____

Order number (if applicable): _____

Surname: _____

Given Name: _____

Job Title: _____

Address: _____

City: _____

Email Address: _____

Membership Type (Check one):

| | |
|---|--------------------|
| <input type="checkbox"/> Individual Membership: | € 3,000 excl. tax |
| <input type="checkbox"/> Membership for 5 people: | € 5,580 excl. tax |
| <input type="checkbox"/> Membership for the entire company: | € 16,742 excl. tax |

Please attach the names and email addresses of those included in the membership:

Date:

Signature:

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cristina.oltean@agrion.org - Tel: +33 (0)1.48.01.08.69 - Fax: +33 (0)1.48.01.66.05 - www.agrion.org

10 RUE MERCOEUR 75011 PARIS / Tel : +33 (0)1 48 01 68 05 / Fax : +33 (0)1 48 01 66 05

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Siret : 43186545000032 - APE : 9411Z- N° TVA : 51 43 18 65 450