

## RESERVATION FORM

Please complete and send it to [paola.frisenda@mci-group.com](mailto:paola.frisenda@mci-group.com)

ORGANIZATION:

CUIT (if applicable):

ADDRESS:

CITY

ZIP CODE:

FAX:

COUNTRY:

e-mail:

CONTACT PERSON:

MOBILE:

## DETAIL

BOOTH SELECTED:

FIRST CHOICE:

SECOND CHOICE:

SPONSORSHIP CATEGORY SELECTED:

BUSINESS OPPORTUNITY SELECTED

(please include number and description):

OTHER OPTIONS:

TOTAL INVESTMENT US\$

Comments:

**IMPORTANT:** Companies registered in Argentina as “Responsables Inscriptos” can request invoicing with VAT 21% discriminated.

**PAYMENT:** 50% of total investment must be paid upon reservation.

I have read the terms & conditions for participation, and agree with them.

SIGNATURE

NAME AND LAST NAME

DATE

