



Events - Registration Form

Name: _____

Phone Number: _____

Address: _____

Event _____

No.	Name of participants	E-mail	*Member
a			<input type="checkbox"/>
b			<input type="checkbox"/>
c			<input type="checkbox"/>
d			<input type="checkbox"/>
e			<input type="checkbox"/>
f			<input type="checkbox"/>
g			<input type="checkbox"/>
h			<input type="checkbox"/>

*Please tick if applicable

Looking forward to welcoming you at the events !! Thank You,

Note:

1. You can register online on events page at www.ibcl.lu or fax this form to +352-445928