

Fill this part of the form in or **enclose your business card**

Company name

Address N°

City Zip Code Country

Phone Fax

E-mail

Web

VAT n°

Please indicate your company's business activity:

- | | |
|---|---|
| <input type="checkbox"/> A Distributor / Vendor | <input type="checkbox"/> E Embroiderer |
| <input type="checkbox"/> B Importer | <input type="checkbox"/> F Personalization specialist / digital print |
| <input type="checkbox"/> C Producer | <input type="checkbox"/> G Printing and personalization machines provider |
| <input type="checkbox"/> D Serigraphy / Silk-screen printer | <input type="checkbox"/> H Promotion agency / incentive house |

9 Other specialized operators (pls. specify) :

ASSOCIATION FEE	VISITORS' DATA
1° VISITOR € 20,00	Name and Surname _____ E-mail address _____ Position: <input type="checkbox"/> A - General Manager / Ceo <input type="checkbox"/> B - Marketing Manager <input type="checkbox"/> C - Sales Manager <input type="checkbox"/> D - Purchasing Manager <input type="checkbox"/> Z - other
2° VISITOR € 20,00	Name and Surname _____ E-mail address _____ Position: <input type="checkbox"/> A - General Manager / Ceo <input type="checkbox"/> B - Marketing Manager <input type="checkbox"/> C - Sales Manager <input type="checkbox"/> D - Purchasing Manager <input type="checkbox"/> Z - other
3° VISITOR € 20,00	Name and Surname _____ E-mail address _____ Position: <input type="checkbox"/> A - General Manager / Ceo <input type="checkbox"/> B - Marketing Manager <input type="checkbox"/> C - Sales Manager <input type="checkbox"/> D - Purchasing Manager <input type="checkbox"/> Z - other
4° VISITOR € 20,00	Name and Surname _____ E-mail address _____ Position: <input type="checkbox"/> A - General Manager / Ceo <input type="checkbox"/> B - Marketing Manager <input type="checkbox"/> C - Sales Manager <input type="checkbox"/> D - Purchasing Manager <input type="checkbox"/> Z - other
N° ___ x € 20,00	<small>LEGISLATIVE DECREE n° 196/2003 ON CONFIDENTIALITY AND TREATMENT OF PERSONAL DATA: All data supplied in this form will be collected by O.P.S. Srl - Milano (Italy), who will be Data Controller for processing of such information. Your personal data will be utilized for purposes of registration to the event and to provide you with information regarding our products and our company. Your personal data may be communicated to third parties. You are not obliged to enter your personal data; however, we cannot proceed with registration unless we receive your permit to do so. You may at any time exercise your rights pursuant to article 7 of the same Legislative Decree (including cancellation, updating, rectification, integration of said data) simply by contacting O.P.S. per e-mail (privacy@ops.it) or per fax (+39 02 39257050) SIGNATURE:</small>
TOTAL AMOUNT : € _____	

Please enclose certificate issued by Chamber of Commerce or equivalent document