



# ICOFESTIVAL - ORDER FOR PARTICIPATION

## Tickets

- \_\_\_\_\_ Standard 495 EUR (incl. VAT)
- \_\_\_\_\_ Master Class 795 EUR (incl. VAT)

Company \_\_\_\_\_

Street \_\_\_\_\_

ZIP/Town \_\_\_\_\_

Telefon \_\_\_\_\_

E-Mail \_\_\_\_\_

**please fax this form to: 089-9995-0940**

## Delegates / Participants:

Name	Surname	E-Mail
_____	_____	_____
_____	_____	_____
_____	_____	_____

All Sales is final. VAT is 19% . Confirmation of Tickets will be send via E-Mail. All Tickets will be invoiced in advance and need to be paid in full prior the ICOFESTIVAL. No payment will result in no access.

_____	_____
Date	Signature
_____	_____
Name of Signee - in capital letters	Position / Role of Signee