**FIS Seminar for Technical Delegates Cross-Country**

**October 29th – 30th, 2021**

**ENTRY FORM**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Name (Mr/Ms)* | |  | | | | *First Name* | |  | | |
| *Address* |  | | | | | | | | | |
| *Postal code* |  | | *Town* |  | | | | | *Country* |  |
| *Phone* |  | | | | Fax | |  | | | |
| E-mail |  | | | | *Mobile* | |  | | | |

***TO BE RETURNED NO LATER THAN 21st October 2021***

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|  |
| --- |
| **TD Licensee**? yes no  **TD candidate** **for TD Exam?** yes no  *Remarks*: |
| *Date* *Signature*: |

|  |  |  |
| --- | --- | --- |
| *Confirmation:* | | |
| Date | *Signature* | *Stamp* |

If you have any questions, please contact:

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