

REGISTRATION FORM

Consultation Workshop

Brussels, 30 March 2007

Please return by **22 March 2007** to:

Matilde del Valle, Communication Department

European Investment Bank – L-2950 Luxembourg

Fax: +352 4379-3191 – Tel: +352 4379-3154 - E-mail: m.delvalle@eib.org

Family name:

First name:

Position:

Organisation:

Address:

Country:

Tel:

Fax:

E-mail:

Objective(s) of your organisation:

Website (if available):

Brief description of your interest in EIB and/or its Anti-Fraud Policy:

Request for 5 minutes speaking slot

Please indicate which topic(s) you would like to address (bullet point format):

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The working language will be English; interpretation facilities for French and/or German may be considered. Please indicate if needed.

Please note that the number of places available is limited to allow for a suitable interaction between participants. Consequently, we may have to give priority to those who have asked to participate at an early stage.

Confirmation of participation and further details will be sent after receipt of your registration form.

Date :

Signature :