

SUBSCRIB FORM

Return by the integrality of the payments to be take out

Company name

Address

Post Code

Town

Tel.

Fax

Responsible follows-up file

Duties / responsibilities

Direct contact (tél. / E-mail)

Summarize

Tanks to give provision of services cost in the same currency

THE MENTION TO BE INDICATED OVER
YOUR STAND to facilitate visitors
recherch (Capital letters)

Speaker pack

Sponsor pack

Total

Date

Company Signature and stump

Invoicing information

Name of institution to invoice

CTMPB

01 BP 2298

Address

Ouagadougou 01 –Burkina Faso

Fax : + 226 50 36 09 81