

June 7-10, 2016, Segovia-Madrid-Spain

Please send the Reply Form to:

AMAT, Asociación de Mutuas de Accidentes de Trabajo

Calle Maudes 51, 3º, 28003 Madrid, Spain

FAX: +34 91 554 91 06, e-mail: nieves.lopez@amat.es

Registration deadline is May 9, 2016

Mr/Mrs/Ms	Family Name	First Name
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Company/Organisation

Address Company/Organisation Private

Street	Zip Code	City
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Country	E-mail
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Phone	Fax
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Please tick whether you are going to participate or not

TUESDAY, JUNE 07, 2016, at headquarters of AMAT, Madrid, Calle Maudes 51, 3º	
<p>Meeting of the Working Group Statistics Time will be determined <input type="checkbox"/> I will participate <input type="checkbox"/> I will not participate</p>	<p>Meeting of the Working Group Communication/Forum News 17:00-18:30 <input type="checkbox"/> I will participate <input type="checkbox"/> I will not participate</p>
<p>Meeting of the Working Group Legislation 14:00-17:00 <input type="checkbox"/> I will participate <input type="checkbox"/> I will not participate</p>	

WEDNESDAY, JUNE 08, 2016
<p>Annual General Assembly at Parador de Segovia From 9:00 till 18:00 <input type="checkbox"/> I will participate <input type="checkbox"/> I will not participate Courtesy bus from Madrid to Segovia (80 km from Madrid).</p>

<p>THURSDAY AND FRIDAY JUNE 09 and 10, 2016</p> <p>Internacional Conference of the European Forum in Madrid June 09 From 9:00 till 18:30 <input type="checkbox"/> I will participate <input type="checkbox"/> I will not participate</p> <p>June 10 From 9:00 till 14:30 <input type="checkbox"/> I will participate <input type="checkbox"/> I will not participate</p>	<p>THURSDAY EVENING, JUNE 09, 2016</p> <p>Formal Dinner at Casino de Madrid From 21:00 <input type="checkbox"/> I will participate I will bring _____ accompanying person(s) <input type="checkbox"/> I will not participate Gentlemen: Tie and jacket are required</p>
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Place and Date

Signature