

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](mailto:nieves.lopez@amat.es)

**Registration deadline is May 9, 2016**

Mr/Mrs/Ms	Family Name	First Name
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Company/Organisation
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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><b>Meeting of the Working Group Statistics</b> Time will be determined <input type="checkbox"/> I will participate <input type="checkbox"/> I will not participate</p>	<p><b>Meeting of the Working Group Communication/Forum News</b> 17:00-18:30 <input type="checkbox"/> I will participate <input type="checkbox"/> I will not participate</p>
<p><b>Meeting of the Working Group Legislation</b> 14:00-17:00 <input type="checkbox"/> I will participate <input type="checkbox"/> I will not participate</p>	

<p>WEDNESDAY, JUNE 08, 2016</p> <p><b>Annual General Assembly at Parador de Segovia</b> 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>
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<p>THURSDAY AND FRIDAY JUNE 09 and 10, 2016</p> <p><b>Internacional Conference in Madrid</b></p> <table> <tr> <td> <p>June 09 From 9:00 till 18:30 <input type="checkbox"/> I will participate <input type="checkbox"/> I will not participate</p> </td> <td> <p>June 10 From 9:00 till 14:30 <input type="checkbox"/> I will participate <input type="checkbox"/> I will not participate</p> </td> </tr> </table>	<p>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>
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<p>THURSDAY EVENING, JUNE 09, 2016</p> <p><b>Formal Dinner at Casino de Madrid</b> 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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<p>CATERING SERVICES</p> <p><b>Feeding habits</b> <input type="checkbox"/> Celiac <input type="checkbox"/> Vegetarian <input type="checkbox"/> Vegan <input type="checkbox"/> Do you have any allergies? _____</p>
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Place and Date

Signature