

EastMed Energy Roundtable

Tuesday, March 28, 2017

Renaissance Brussels Hotel

REGISTRATION FORM

FULL NAME _____

POSITION _____

ORGANISATION / COMPANY _____

ADDRESS _____ CITY/POSTCODE _____

TELEPHONE No _____ FAX No _____

E-MAIL _____

Please fax or e-mail this registration form to: +30 210 7295 978, g.vlachou@tsomokos.gr until **Thursday, March 23, 2017**

Should you need more information, please contact Ms. Georgia Vlachou, Tel. +30 210 72 89 000