



REGISTRATION

Fill in the form and send it to info@drafconference.com to confirm your registration.

Participant	<input type="checkbox"/>	One day registration	<input type="checkbox"/>	Accompanying person	<input type="checkbox"/>	
* Name:						
* Surname:						
* Country:						
* Institution/Company:						
* Department/Institute:						
* City:						
* Address:						
* Zip Code:						
Telephone:						
* E-mail:						
* Participation in the Welcome Cocktail (12/6)					<input type="checkbox"/>	
* Participation in the Social dinner (13/6)					<input type="checkbox"/>	
**Participation in the extra wine guided tour (15/6)					<input type="checkbox"/>	
Day of participation	13/6	<input type="checkbox"/>	14/6	<input type="checkbox"/>	15/6	<input type="checkbox"/>
** Accompanying person tour day 13/6					<input type="checkbox"/>	
** Accompanying person day 14/6					<input type="checkbox"/>	
** Accompanying person day 15/6					<input type="checkbox"/>	

***Mandatory fields**

**** Tickets available at the registration desk
Information on www.drafconference.com**