

REPLY FORM
LUNCH DEBATE

Title

Date **Thursday, December 3rd 2015, 12:30 – 14:30**
Venue to be confirmed after registration

I will participate*:

Name:
Organisation:
Function:
Address:
Nationality:
Preferred language:

Tel.:
Fax:
E-mail:

* Because of the restricted number of seats we kindly ask you to register only in case you really intend to attend the meeting. Entrance only with confirmed registration. E-mail registration only.

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