

Registration Form

UPIP-VAPI - Annex 1 Working Group**25 January 2018****When :** 25th January 2018**Where:** Bone Therapeutics SA
rue Auguste Piccard, 37
6041 Gosselies Belgium**NAME:** _____ **FIRSTNAME:** _____**Member Number :** _____**Non Member :** **Company** _____**Cy address** _____

_____**E-mail Company** _____**Personal email** _____**VAT number** _____**Please send back this registration form by e-mail to info@upip-vapi.be by 22nd January at the latest.**