

GENA CHAPTER APPLICATION FORM

 ITALIAN  GERMAN  NORDICS  MIDDLE EAST  APAC  FRENCH  GREEK

|  |  |
| --- | --- |
| **Company Name\*** |  |
| **Website\*** |  |
| **Company address\***Street – Number - AdditionZIP code - TownCountry |  |
| Business Description\* |  |
| **Financial**VAT ID if applicable |  |
| **Bill-to Address (if different from Company Address)**Street – Number - AdditionZIP code - TownCountry |  |
| **Send invoices to this email****address:\*** |  |
| **Signee Contact info**First Name\* Last Name\*Email\* Mobile Number\* |  |

I have read and accept the Privacy Policy\*

I have read and accept the Membership Conditions\*

Attach your company logo\*

Min. 200x200 px / Max. 3000x3000 px

Provide a digital signature below and return the form to INFO@GENA.NET