SEP-DS INFORMATION DISSEMINATION REQUEST FORM

1. Category:	() product() research/training opportunity		() Seminar/Conference/Workshop () web site ()other	
2. Name of Costume	er:		3. Country:	
4. Contact Person:				
5. E-Mail:				
6. Name/Title of the	scheme concerned:			
7. Proposed dissemin	nation date:			
8. Preferred geograp	hical region:			
	() North America () Asia			
9. Price:		10. Currency of billing:		
of information disser- information I/we are organisation am/are	mination on the above providing and confirmation aware that the purpose	terms. I/my or n that it refers to of SEP-DS is	s to use the SEP-DS for ganisation have/has che to existing products/ser information disseminate quiries arising from it.	ecked the vices. I/my tion and that
			Name (in Capitals)	and Signature

PLEASE SEND THIS FORMULAR TO SEP-DS AT: info@iccip.net

Note: **SEP-DS** has procured the company **3SixtyMeetings** to oversee the payments. They will send you an invoice to you, using the contact details provided. Payments are due within two weeks of submission of an invoice in the currency above outlined.

SEP-DS - Accounts Section

In der Kemnau 45 D-21339 Luneburg Germany

E-Mail: info@iccip.net