

Giovanni Buttarelli Memorial Award

Annex 1: Form



EUROCONSUMERS BEXT AWARD IN MEMORY OF GIOVANNI BUTTARELLI

First Name:

Surname:

Date of Birth (DD/MM/YYYY):

Primary occupation:

Address (street, number, City and postcode):

Country of residence:

By signing below, I hereby acknowledge that I have completely read, fully understand and agree with the Competition Rules.

By signing below, I hereby agree with the processing of data according to Article 9 of the *Competition rules*.

Date (DD/MM/YYYY):

Signature:

