



ΜΕΣΟΓΕΙΑΚΟ ΑΓΡΟΝΟΜΙΚΟ ΙΝΣΤΙΤΟΥΤΟ
MEDITERRANEAN AGRONOMIC INSTITUTE
INSTITUT AGRONOMIQUE MEDITERRANEEN

REQUEST FOR OFFICIAL INVOICE

PLEASE FILL IN THE REQUESTED INFORMATION. IF NEEDED, THE MAICH CONFERENCE CENTRE'S BUREAU CAN PROVIDE ASSISTANCE.

THE INVOICE SHOULD BE ISSUED TO

NAME:

OCCUPATION / POSITION:

ADDRESS:

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.....

VAT No:

TAX OFFICE:

PARTICIPANT'S NAME

Dr NAME:

Mr SURNAME:

Mrs

DESCRIPTION OF INVOICE

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MAILING ADDRESS (that the invoice should be sent to in case you do not receive it during the conference)

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For Office Use Only

TOTAL AMOUNT:

WAY OF PAYMENT

AMOUNT

DATE

Bank Transfer

Credit Card

Cash
