

[Date]							
INFORMATION							
Last name		Middle:		First name:			
Nationality Title		Company name:		Birth date:	Male/Female		
Address:	Postal code:		VAT Nu	umber:			
City:	Country	Country:		Phone no:			
	333		E-Mail:				
Invoicing address (if different from above):							
Speaker BOOKING FORM							
Speed speech without exhibitors place for Fel Shipping Summit 2024 Including one free tic							
Included in the price							
 Participation and documents/presentatio the conference; 	ns on						
 Festive dinner at an exclusive location; Lunch day one and two; 							
Coffee breaks and drinks with all meals;							
Happy hour and pre-dinner drinks;Nightcap;							
Terms and conditions Exhibitors and Sponsors							
Exhibitors and Sponsors will receive after registration an invoice by email. Please note that firm registration is only valid after your							
payment of the invoice. All payments needs to be settled 15 days before the Ferry Shipping Summit starts. The booking is binding and							
non-refundable							
Signature				Dat	te		
Address: Kennemerboulevard 664, 1976 ER IJmuiden, The Netherlands Tel: +31651124738 Email: conference@ferryshippingsummit.com							