****

WORKSHOP REGISTRATION FORM

|  |
| --- |
| Please return this form via e-mail to: hfcs@bcl.lu by 21/06/2017 at the latest. |

##### Conference topic: 5th Household Finance and Consumption Workshop

##### Date: 29/06/2017 (11.00 – 17.40)

#####  30/06/2017 (09.20 – 15.00)

**Registration time: 29/06/2017 from 10.20 onward** (proof of identity required)

 **30/06/2017 from 08:40 onward** (proof of identity required)

**Venue: 43, Avenue Monterey, Luxembourg City**

**I will attend the workshop:** **Thursday, 29 June** [ ]  **YES** [ ]  **NO**

 **Friday, 30 June** [ ]  **YES** [ ]  **NO**

[ ] Ms [ ] Mr

**Last Name:**

**First Name:**

|  |
| --- |
| In case of any further enquiries please contact hfcs@bcl.lu or phone (+352 4774­­­-4270, -4566 or -4406). |

|  |
| --- |
|  |