

## **REGISTRATION FORM**

## International Lead Association

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Please complete and return this form together with payment

| NAME(S)  & JOB TITLE(S)  - please specify if you are a delegate or an accompanying person                             |     | EMAIL - separate emails required for each attendee |                     |
|---|-----|--|---------------------|
| Name:   |     |  |                     |
| Job title:  |     |  |                     |
| Name:   |     |  |                     |
| Job title:  |     |  |                     |
| Name:   |     |  |                     |
| Job title:  |     |  |                     |
| Name:   |     |  |                     |
| Job title:  |     |  |                     |
| Company:  |     | COMPANY VAT NUMBER                                 |                     |
| Address:  |     |  |                     |
|   |     |  |                     |
|   |     |  |                     |
| Please indicate if you require an official visa letter to apply for a visa to visit the Netherlands                   |     |  |                     |
| CONFERENCE REGISTRATION FEES  |     |  |                     |
| All costs are in Euro (€)   | No: | Before 16 April 2025                               | After 16 April 2025 |
| Delegate(s)   |     | €1,690   | €1,940              |
| Delegate(s) who are ILA or CBI members  |     | €1,490   | €1,740              |
| Speaker Delegate(s)   |     | €1,250   | €1,250              |
| Accompanying Persons (Spouse/Non-Business Guest <u>will not</u> be entitled to enter the Conference sessions)         |     | €210   | €210                |
| Workplace Lead Exposure Management Workshop<br>(Special reduced rate applicable to <u>conference delegates only</u> ) |     | €200   | €200                |
| SUB-TOTAL   |     | €  | €                   |
| DUTCH VAT @ 21% (VAT not payable for Dutch companies only)  |     | €  | €                   |
| TOTAL PAYMENT DUE   |     | €  | €                   |
|   |     | ·  | 1                   |

## **REGISTRATION FORM CONTINUED**

| Please let us know what type of organisation you are representing at Pb2025 | i. |
|---|----|
| Please tick one box:  |    |

| Battery manufacturer  |
|---|
| Research/technical institute  |
| Lead production   |
| Component or equipment supplier   |
| Trader  |
| Automotive  |
| Utility/Energy storage  |
| Motive power  |
| Industrial/back up  |
| University  |
| Other   |
| Please give us more detail:   |
| o comply with the new data legislation, we would be grateful if you would tick the boxes below:                           |
| I confirm that I have read, understood and agree to the Pb2025 delegate <u>Terms and Conditions</u>                       |
| I agree for my details to be used for marketing in line with our <u>Privacy Policy</u>                                    |
| Please tick here if you require an official letter for a visa to visit The Netherlands                                    |
| To review our privacy policy please visit <a href="https://www.ila-lead.org/privacy">https://www.ila-lead.org/privacy</a> |
| lease date and sign to complete your registration:  |

Signature:

Date: