



COMMITMENT TO DESIGN FOR ALL CO-ORDINATOR REGISTRATION FORM

COMPANY:

SURNAME (S):

NAME:

DEPARTAMENT:

JOB TITLE:

DIRECCIÓN:

POSTAL CODE:

MUNICIPALITY:

CITY:

TELEPHONE:

FAX:

E-MAIL:

Signature
(Name and Surname(s))
(job title)

Date:

- So as to formulise this registration form it must be completely correctly and returned by fax or email to:
Sra. IMMA BONET, Fax 93 371 76 49, e-mail: foundation@designforall.org