



Chambre de Commerce Albanie-Luxembourg

Dhoma e Tregetise Shqiperi-Luksemburg

Workshop Application Form

1. Identification

☐ Legal Entity [Name, address]: _____

Job position: _____

☐ Physical Person [Name, address]: _____

2. Workshop

I would like to register in the following workshop(s)*:

☐ IT Project Management

☐ AML

☐ FATCA/CRS

☐ Risk Management

☐ Portfolio Management

*The registration fee for each of our workshops is EUR 30.

Please send your registration fee to the following bank account: IBAN: LU210019515501329000.

Once we receive your registration fee you will receive a confirmation of your registration together with all the relevant details (date, place, keynote speakers) for each of the workshops requested.

3. Support our Chamber of Commerce (optional)

I would like to support CCAL mission by:

☐ Donation (IBAN: LU210019515501329000)

☐ Become member (please contact us so that we can provide you with our membership form)

☐ Other (please specify): _____

Date:

Signature:

Tel: +352 23652042

contact@ccal.lu

www.ccal.lu

282 Route de Longwy

L-4831 Rodange

Grand-Duché de Luxembourg