



IFLA CORPORATE PARTNERS

Application Form - 2009

- | | |
|---------------------------------|----------|
| <input type="checkbox"/> Gold | EUR 3006 |
| <input type="checkbox"/> Silver | EUR 1783 |
| <input type="checkbox"/> Bronze | EUR 637 |

Please send me more information about IFLA and the World Library & Information Congress

Full name: _____

Position (for statistical use only): _____

Address/City: _____

Country: _____

Telephone: _____ Fax: _____

E-mail address: _____

Web site: _____

Name of Contact Person (for contacts with IFLA): _____

Name of Contact Person (to be listed on the Web site): _____

Signature _____

Method of Payment

Payment enclosed (a cheque or postal order)
Cheques should be made payable to IFLA HQ

Bank transfers should be made to Postbank No. 351460 or to ABN-AMRO Bank NV,
The Hague, Account No. 51 36 38 911

Charge my VISA MasterCard/Eurocard American Express

Charge to the value of: _____

Credit Card Number: _____ Expiry Date: _____

Signature: _____ Credit card in the name of: _____

Please complete and return this form by fax or mail to: Membership Manager, IFLA
Headquarters, P.O. Box 95312, 2509 CH The Hague, Netherlands,
Tel. +31-70-3140884, Fax: +31-70-3834827, E-mail: ifla@ifla.org