



**CALRE 2015  
Working Group on Subsidiarity  
Registration Form**



PRESIDENT: \_\_\_\_\_

PARLIAMENT OF: \_\_\_\_\_

TEL: \_\_\_\_\_

FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

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Delegation/Staff

1. MR/MS: \_\_\_\_\_

POSITION: \_\_\_\_\_

TEL: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

2. MR/MS: \_\_\_\_\_

POSITION: \_\_\_\_\_

TEL: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

I hereby confirm my interest in participating in the working group on Subsidiarity:

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**Place/Date, Signature**

The meeting will take place on Friday, July 10<sup>th</sup> 2015, 10am-1pm in Brussels.

Please indicate here if you would like to attend dinner on Thursday, July 10<sup>th</sup> 2015:

yes, number of persons attending \_\_\_\_\_

no

**Please return by June 1st, 2015 to: [europa@bayern.landtag.de](mailto:europa@bayern.landtag.de)**