

CANCELLATION FORM

Please complete and return this form if you wish to cancel your order during the withdrawal period

To:

EIPM

Bâtiment Mont-Blanc 2 59, Rue Antoine Redier

	74160 ARCHAMPS France
	riance
	info@eipm.org
I hereby	notify you of my intention to withdraw from my order relating to:
•	Event subject to the withdrawal:
•	Date of the Event:
•	Name of the Participant:
•	Name of the Farticipant.
•	Order placed on:
Date:	Signature of the participant (when this form is notified on paper):