



Chardonnay du Monde®

MARCH 6-8, 2019

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**THANK YOU
FOR INFORMING
US OF YOUR
PARTICIPATION**

Chardonnay du Monde®
Maison des vignerons
du Château de Chaintré
71570 CHAINTRÉ
FRANCE

FROM FRANCE

Phone 03 85 37 43 21
Fax 03 85 37 19 83

FROM ABROAD

Phone 333 85 37 43 21
Fax 333 85 37 19 83

REGISTRATION FORM • TO BE RETURNED

1 • GENERAL INFORMATION

Company _____
 Name _____
 First name _____
 Address _____
 Zip Code _____ City _____
 Country _____
 Phone _____ Fax _____
 E-mail _____
 Website http:// _____

2 • SAMPLES INFORMATION

I am submitting _____ wine sample(s)
Constitutes of 6 bottles of 750 ml each or 10 bottles of 500 or 375 ml (with front and back labels)

To facilitate our services, please verify that each sample is accompanied by the following items:

- **A technical sheet** dedicated to presentation, including: development, area of growth, maturity of wine, density of plantation, grape harvest, wine making (barrel or tank), maturation of wine...
- **An analysis bulletin** dated less than one year ago. It must specify the parcel number, as well as the following results: specific gravity, actual and potential alcohol content, reducing sugar, total acidity, volatile acidity, free SO₂, total SO₂, pressure above atmospheric and CO₂.
- **3 labels** (with front and back labels).

For each sample, please informing us about the items attached to the bottle package and those that will be sent separately.

Submitted wines :	Year	Parcel number*
1		
Denomination: _____		
For this wine, I wish to receive a tasting notes report in: <input type="checkbox"/> French <input type="checkbox"/> English		
2		
Denomination: _____		
For this wine, I wish to receive a tasting notes report in: <input type="checkbox"/> French <input type="checkbox"/> English		
3		
Denomination: _____		
For this wine, I wish to receive a tasting notes report in: <input type="checkbox"/> French <input type="checkbox"/> English		
4		
Denomination: _____		
For this wine, I wish to receive a tasting notes report in: <input type="checkbox"/> French <input type="checkbox"/> English		
5		
Denomination: _____		
For this wine, I wish to receive a tasting notes report in: <input type="checkbox"/> French <input type="checkbox"/> English		

*Traceability number, vat number, lot number.



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REGISTRATION FORM • TO BE RETURNED

3 • TRANSPORT

- I entrust my samples to a forwarding company of my choice: _____
- If I choose transport DHL (for countries outside the EEC)
(see registration folder, p. 3) (Countries outside the EEC : Transit/custom fees DHL) **50 € 5**

- I entrust the management of the transportation to SAQ Logistic (see SAQ Logistic shipment charge table on page 4 of the registration folder.)

According to the enclosed price list:

Weight Category n° _____ and geographic zone n° _____ for an amount of: _____ € **1**

4 • REGISTRATION FEES

For each sample, I will pay the sum of: **180 €** x _____ sample(s) = _____ € **2**

Tasting notes report (optional): In French: **45 €** x _____ sample(s) = _____ € **3**

In English: **55 €** x _____ sample(s) = _____ € **4**

- Transport DHL (for countries outside the EEC)
(see registration folder, p. 3) (Countries outside the EEC : Transit/custom fees DHL) **50 € 5**

5 • PAYMENT

Payment made in total to: **Service Actions Qualité**
Before **February 15, 2019**, the sum of: **1 + 2 + 3 + 4 + 5** _____ €

Payment will be made by:

- Cheque (1)

- Transfer payment to our account: **CRÉDIT AGRICOLE MÂCON N° 943 3326 1000 (2)**
IBAN : FR76 1780 6000 8094 3332 6100 008 - BIC AGRIFRPP 878
Please attach a photocopy of the payment form.

Name of your bank: _____

Reference of your bank transfer: _____

- International Credit Card (Please fill in the following information)

- Master Card  Visa  American Express 

Name of Cardholder: _____

No. (16 figures): | | | | | | | | | | | | | | | |

Last 3 digits on the back of the card: | | | Signature: _____

Expiry Date: | | | | | Amount: _____ €

TVA No For European countries (VAT, IVA, NIF, UST): | | | | | | | | | | | | | | | |

(1) Cheque in euros must be from a French banking institution. (2) Transfer in euros (all costs payable by the participant).

6 • BILLING ADDRESS (IF DIFFER FROM PAGE 1)

Company _____

Name _____ First name _____

Address _____

Zip Code _____ City _____ Country _____

E-mail _____