



## REGISTRATION FORM

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Name and surname: .....

Position: .....

Company: .....

tel: ..... e-mail: .....

Own bike

Public bike

Please choose your starting point:

myhive Crown Point, Prosta 70 street

Nimbus Office, al. Jerozolimskie 98 street

**Please return the completed form by fax: 22 356 25 01  
or by email: [vwojtowicz@eurobuildcee.com](mailto:vwojtowicz@eurobuildcee.com)**

.....  
(date)

.....  
(signature)