



Effervescents du Monde®

22TH International competition for the Best Sparkling Wines in the World

REGISTRATION FORM • TO BE RETURNED

1 • GENERAL INFORMATION

THANK YOU FOR
INFORMING US
OF YOUR
PARTICIPATION

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

Effervescents 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 ABOARD

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

PAGE(S)

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2 • SAMPLES INFORMATION

I am submitting _____ wine sample(s)
Constituted 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: actual and potential alcohol content, reducing sugar, pH, total acidity, volatile acidity, free SO₂, total SO₂ and pressure above atmospheric.
- **front and back labels** supplementary.

For each sample, please tick the items attached to the bottle package and those that will be sent separately:

Submitted wines :	Year	Lot 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.



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3 • TRANSPORT

THANK YOU FOR
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- I ensure my samples to a forwarding company of my choice: _____
- If I choose transport DHL or FedEx (for countries outside the EEC)
(see registration folder, p. 3), **Countries outside the EEC : Transit/custom fees DHL or FedEx** _____ **60 € 5**
- I entrust the management of the transportation to SAQ Logistic (See SAQ Logistic shipment charge table on page 4 of the participation document)
According to the 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 In French: **50 €** x _____ sample(s) = _____ **€ 3**
- report (optional): In English: **60 €** x _____ sample(s) = _____ **€ 4**
- Carrier DHL or FedEx (for countries outside the EEC)
(see registration folder, p. 3), **Countries outside the EEC : Transit/custom fees DHL or FedEx** _____ **60 € 5**

5 • PAYMENT

Payment made in total to: **SERVICES ACTIONS QUALITÉ**,
Before the **November 5, 2024**, the sum of: **1 + 2 + 3 + 4 + 5** _____ **€**

Payment will be made by: _____

- Cheque (to Services Actions Qualité) (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 for your bank transfer: _____

International Credit Card (Please fill in the following information)

Master Card  Visa 

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 _____