



Effervescents du Monde®

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:// _____

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

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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: specific gravity, actual and potential alcohol content, reducing sugar, pH, total acidity, volatile acidity, free SO₂, total SO₂, pressure above atmospheric and CO₂.
- **3 labels** (with front and back labels).

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

Wines denomination	Year	Parcel number*
Denomination : 1 Attached items : <input type="checkbox"/> Analysis bulletin <input type="checkbox"/> Technical sheet <input type="checkbox"/> Labels Separately : <input type="checkbox"/> Analysis bulletin <input type="checkbox"/> Technical sheet <input type="checkbox"/> Labels		
	For this wine, I wish to receive a tasting notes report in: <input type="checkbox"/> French <input type="checkbox"/> English	
Denomination : 2 Attached items : <input type="checkbox"/> Analysis bulletin <input type="checkbox"/> Technical sheet <input type="checkbox"/> Labels Separately : <input type="checkbox"/> Analysis bulletin <input type="checkbox"/> Technical sheet <input type="checkbox"/> Labels		
	For this wine, I wish to receive a tasting notes report in: <input type="checkbox"/> French <input type="checkbox"/> English	
Denomination : 3 Attached items : <input type="checkbox"/> Analysis bulletin <input type="checkbox"/> Technical sheet <input type="checkbox"/> Labels Separately : <input type="checkbox"/> Analysis bulletin <input type="checkbox"/> Technical sheet <input type="checkbox"/> Labels		
	For this wine, I wish to receive a tasting notes report in: <input type="checkbox"/> French <input type="checkbox"/> English	
Denomination : 4 Attached items : <input type="checkbox"/> Analysis bulletin <input type="checkbox"/> Technical sheet <input type="checkbox"/> Labels Separately : <input type="checkbox"/> Analysis bulletin <input type="checkbox"/> Technical sheet <input type="checkbox"/> Labels		
	For this wine, I wish to receive a tasting notes report in: <input type="checkbox"/> French <input type="checkbox"/> English	
Denomination : 5 Attached items : <input type="checkbox"/> Analysis bulletin <input type="checkbox"/> Technical sheet <input type="checkbox"/> Labels Separately : <input type="checkbox"/> Analysis bulletin <input type="checkbox"/> Technical sheet <input type="checkbox"/> Labels		
	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 RETURN

3 • TRANSPORT

I ensure my samples to a forwarding company of my choice: _____

I ensure my goods for transportation to DHL Express:
(See DHL shipment charge table on page 4 of the participation document)

DHL Shipping Order Number:

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 report (optional):

In English : **50 €** x _____ sample(s) = _____ € **3**

In French : **40 €** x _____ sample(s) = _____ € **4**

5 • PAYMENT

Payment made in total to: **SERVICES ACTIONS QUALITÉ**,
Before the **October 24, 2011**, the sum of: **1 + 2 + 3 + 4** _____ €

Payment will be made by:

Cheque (to Services Actions Qualité) (1)

International Money Order

Transfer payment to our account: **CRÉDIT AGRICOLE MACON 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  American Express 

Name of Cardholder: _____

No. (16 figures):

Last 3 digits on the back of the card : Amount: _____ euros

Expiry Date: Signature:

For European countries - Please specify your

TVA number (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).

THANK YOU TO
INFORM US ABOUT
YOUR
PARTICIPATION

**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

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