

**7th AIDA Europe Assembly**, Zurich, 16 September 2020

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| **Assembly Form** | **NOTE: Assembly Form to be sent by 10 August 2020 to the AIDA Europe Secretariat** **aidaeuropesecretariat@aidainsurance.org** |

Name of your **Chapter**: …………………………………………………………………….

On behalf of our Chapter the following person(s) will be attending the Assembly.

**Person 1**

|  |  |
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| Name of **Representative(s)**: | ……………………………………………………………………………………… |
| **E-Mail Address(s**): | ……………………………………………………………………………………… |
| Attendance in Person at the Assembly **Venue** | Yes / No\* |
| Attendance in Person by way of **Zoom Meeting** | Yes / No\* |
|  | \* mark as appropriate |

**Person 2**

|  |  |
| --- | --- |
| Name of **Representative(s)**: | ……………………………………………………………………………………… |
| **E-Mail Address(s**): | ……………………………………………………………………………………… |
| Attendance in Person at the Assembly **Venue** | Yes/No |
| Attendance in Person by way of **Zoom Meeting** | Yes/No |
|  | \* mark as appropriate |