



# Registration form – to be returned

## 1 • GENERAL INFORMATION

**THANK YOU FOR INFORMING US OF YOUR PARTICIPATION BY E-MAIL**

Company \_\_\_\_\_  
 Name \_\_\_\_\_  
 First Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Zip code \_\_\_\_\_ City \_\_\_\_\_  
 Country \_\_\_\_\_  
 Tel. \_\_\_\_\_ Fax \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Web site : http:// \_\_\_\_\_

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

### FROM FRANCE

Tel. 03 85 37 43 21  
Fax 03 85 37 19 83

### FROM ABROAD

Tel. 333 85 37 43 21  
Fax 333 85 37 19 83

### INTERNET

infos@muscats-du-monde.com  
www.muscats-du-monde.com

## 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 lot number as well as the following results: actual and potential alcohol content, reducing sugar, pH, total acidity, volatile acidity, free SO<sub>2</sub>, total SO<sub>2</sub> and pressure above atmospheric.
- 3 front and back labels supplementary.

For each sample, please informing us about 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

- I entrust 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 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: 50 € x \_\_\_\_\_ sample(s) = \_\_\_\_\_ € 3  
 In English: 60 € x \_\_\_\_\_ sample(s) = \_\_\_\_\_ € 4
- Transporter 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: **SERVICE ACTIONS QUALITÉ**  
Before May 15, 2023, the sum of: 1 + 2 + 3 + 4 + 5 \_\_\_\_\_ €  
Payment will be made by:

Cheque (1)

Transfert 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): \_\_\_\_\_

## 6 • BILLING ADDRESS (IF DIFFER FROM PAGE 1)

Company \_\_\_\_\_  
Name \_\_\_\_\_ First name \_\_\_\_\_  
Adress \_\_\_\_\_  
Zip Code \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_  
E-mail \_\_\_\_\_

(1) Cheque in euros must be from a French banking institution.

(2) Transfer in euros (all costs payable by the participant).

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OUR N° OF TVA

FR74394372080