**Registration form**

**ASSOCIATION INFORMATION**

NAME click here to fill in.

POSTAL ADDRESS click here to fill in.

COUNTRY click here to fill in.

TELEPHONE NUMBER click here to fill in.

FAX NUMBER click here to fill in.

E-MAIL click here to fill in.

WEBSITE click here to fill in.

**REPRESENTATIVE**

NAME click here to fill in.

POSITION click here to fill in.

TELEPHONE NUMBER click here to fill in.

E-MAIL click here to fill in.

The information contributed in this form will be treated by S.A. de Xestión do Plan Xacobeo, with headquarters in Avda. Fernando de Casas Novoa 38, Santiago de Compostela, 15707, A Coruña, Spain.

You may exercise your rights of access, rectification, cancellation and opposition by writing, accompanied of copy of the ID card, to S.A. de Xestión do Plan Xacobeo at the address shown above.

We inform you that in compliance with current legislation the personal data supplied by you will be incorporated to Xestión do Plan Xacobeo’s database.