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|  | FINANCE AND PROCUREMENT | Thessaloniki, 18/10/17  |

**REPLY FORM**

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**C4T-Services@cedefop.europa.eu**

**NP/DCM/MWI-COROM/Media\_monitoring/012/17**

**Provision of Media Monitoring services**

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| --- | --- |
| Name of the Company / Organisation |  |
| Title, First name and last name of contact person | Mr/Mrs/Dr… FirstName LastName |
| Function |  |
| Address |  |
| Post code, Town |  |
| Country |  |
| Telephone *(with international prefix)* |  |
| E‑mail | *[please ensure regular monitoring of the mail box indicated]* |
| Internet address (if applicable) |  |