# REQUEST FORM – FOR Official hospitality packages

Date: Click or tap here to enter text.

|  |  |
| --- | --- |
| Company Name | Click or tap here to enter text. |
| VAT Registration Number | Click or tap here to enter text. |
| Title (Ms/Mr/Other) | Choose an item. |
| First Name\* | Click or tap here to enter text. |
| Last Name\* | Click or tap here to enter text. |
| Address Line 1\* | Click or tap here to enter text. |
| Address Line 2 | Click or tap here to enter text. |
| Postal Code\* | Click or tap here to enter text. |
| City\* | Click or tap here to enter text. |
| Country\* | Click or tap here to enter text. |
| Email Address\* | Click or tap here to enter text. |
| Phone Number\*International format starting with + | Click or tap here to enter text. |
| Date of birth\* | Click or tap here to enter text. |
| Website | Click or tap here to enter text. |
| I wish to buy a Skybox of type | Choose an item. |
| I wish to buy a Skybox for | Choose an item. |
| Comment | Click or tap here to enter text. |
| The packages must be invoiced to: | Choose an item. |

\*Required

Please send this request form, duly filled in to hospitality@pzpn.pl by email. You will then receive an offer by email which will have to be accepted within the mentioned deadline. Payments can be made by credit card (Visa or MasterCard) or by bank transfer.