

Registration Form



Company Name _____

Address _____

City _____ Postal Code _____

Country _____

Tax payer no. _____

Contact Name _____

Telephone (including area code) _____

Fax (including area code) _____

E-Mail Address (required) _____

Website _____

For organizers use only

Identification of the Wine 1

Name:		
Year:	Region/Country	
Category	Actual alcohol content (% ALC. VOL.)	Residual Sugars (G/L)

Identification of the Wine 2

Name:		
Year:	Region/Country	
Category	Actual alcohol content (% ALC. VOL.)	Residual Sugars (G/L)

Identification of the Wine 3

Name:		
Year:	Region/Country	
Category	Actual alcohol content (% ALC. VOL.)	Residual Sugars (G/L)

Identification of the Wine 4

Name:		
Year:	Region/Country	
Category	Actual alcohol content (% ALC. VOL.)	Residual Sugars (G/L)

Identification of the Wine 5

Name:		
Year:	Region/Country	
Category	Actual alcohol content (% ALC. VOL.)	Residual Sugars (G/L)

Identification of the Wine 6

Name:		
Year:	Region/Country	
Category	Actual alcohol content (% ALC. VOL.)	Residual Sugars (G/L)

PLEASE SEND THE ANALYSIS CERTIFICATE FOR EACH WINE WITH THE REGISTRATION FORM

Payment

The Cost of each entry in the competition is €140 X _____ = _____

Bank Transfers should be made to: Menu Magazine Edições Periódicas Unipessoal Ida

Bank: Montepio Geral - Counter - Machado dos Santos - Parede IBAN - PT50003601969910002041752 - BIC: MPIOPTPL

I hereby certify that I have read, understood and agreed with all terms and conditions to participate at the:
Wine Masters Challenge 2024 – XXVI World Wine Contest

Signature /Stamp / Seal _____ Date ____/____/____