



FINNISH BUSINESS TRAVEL ASSOCIATION MEMBERSHIP APPLICATION

All fields are required unless marked with a *

Membership: Buyer of Business Travel Services Partner Membership: Suppliers of Business Travel Services

Organization:

Industry Category

Annual Turn Over NationallyGlobally *.....

Number of Personnel NationallyGlobally *.....

Contact Person

Business Title

Mailing Address

Invoicing Address

Telephone/GSM

E-Mail

Web Address

Total travel expenses per year* Nationally.....Globally.....

Additional information*

Main Travel Destinations*

.....

Date and Signature

How did you find out about FBTA*.....

Please send the application form signed to:

Finnish Business Travel Association FBTA
Sari Viljamaa, Managing Director
Simonkatu 12 B 30, 00100 Helsinki
Finland
e-mail: sari.viljamaa@fbta.net