



**Wine & Barrel**  
ALLIANCES-DU-MONDE  
INTERNATIONAL COMPETITION

**DECEMBER, 2022**

**ALLIANCES DU MONDE®**  
1229 chemin du Roy de Croix  
71570 CHAINTRÉ – FRANCE

**De France**

Tél. 03 85 37 43 21

Fax 03 85 37 19 83

**De l'étranger**

Tél. 333 85 37 43 21

Fax 333 85 37 19 83

[www.alliances-du-monde.com](http://www.alliances-du-monde.com)  
[infos@alliances-du-monde.com](mailto:infos@alliances-du-monde.com)

**Our n° of TVA**  
FR74394372080

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BPART-FRE-EN-AdM2022.1



**THANK YOU FOR  
INFORMING US OF  
YOUR PARTICIPATION**

## REGISTRATION FORM • TO BE RETURNED

### 1 GENERAL INFORMATION

COMPANY: \_\_\_\_\_  
NAME: \_\_\_\_\_  
FIRST NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
ZIP CODE: \_\_\_\_\_ CITY: \_\_\_\_\_  
COUNTRY: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_  
WEB SITE: \_\_\_\_\_

### 2 SAMPLES INFORMATION

I am submitting \_\_\_\_\_ wine sample(s)  
*Constitutes of 6 bottles of 750 ml each or 10 bottles of 500 or 375 ml (with front and back labels).*

**To facilitate our services, please verify that each sample is accompanied by the following items:**

- **A technical sheet** dedicated to presentation including: development, area of growth, maturity of wine, density of plantation, grape harvest, wine making (barrel or tank), maturation of wine...
- **An analysis bulletin dated less than one year ago.** It must specify the lot number as well as the following results: actual and potential alcohol content, reducing sugar, pH, total acidity, volatile acidity, free SO<sub>2</sub>, total SO<sub>2</sub> and pressure above atmospheric.
- **Authenticity declaration on the honour** of wines matured in oak barrels.
- **3 front and back labels** supplementary.

**For each sample, please tick the items attached to the bottle package and those that will be sent separately:**

Submitted wines :		Year	Lot number*
1	Denomination:		
	For this wine, I wish to receive a tasting notes report in:		<input type="checkbox"/> French <input type="checkbox"/> English
2	Denomination:		
	For this wine, I wish to receive a tasting notes report in:		<input type="checkbox"/> French <input type="checkbox"/> English
3	Denomination:		
	For this wine, I wish to receive a tasting notes report in:		<input type="checkbox"/> French <input type="checkbox"/> English
4	Denomination:		
	For this wine, I wish to receive a tasting notes report in:		<input type="checkbox"/> French <input type="checkbox"/> English
5	Denomination:		
	For this wine, I wish to receive a tasting notes report in:		<input type="checkbox"/> French <input type="checkbox"/> English

\*Traceability number, vat number.



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## REGISTRATION FORM • TO BE RETURNED

### E TRANSPORT

I entrust my samples to a forwarding company of my choice:

If I choose transport DHL or FedEx (for countries outside the EEC)

(see registration folder, p. 3), (Countries outside the EEC : Transit/custom fees DHL or FedEx)

60 € 5

I entrust the management of the transportation to SAQ Logistic (see SAQ Logistic shipment charge table on page 4 of the registration folder)

According to the enclosed price list:

Weight Category n° \_\_\_\_\_ and geographic zone n° \_\_\_\_\_ for an amount of: \_\_\_\_\_ € 1

### F REGISTRATION FEES

For each sample, I will pay the sum of: 180 € x \_\_\_\_\_ sample(s) = \_\_\_\_\_ € 2

Tasting notes  In French: 50 € x \_\_\_\_\_ sample(s) = \_\_\_\_\_ € 3

report (optional):  In English: 60 € x \_\_\_\_\_ sample(s) = \_\_\_\_\_ € 4

Carrier DHL or FedEx (for countries outside the EEC)

(see registration folder, p. 3), (Countries outside the EEC : Transit/custom fees DHL or FedEx)

60 € 5

### G PAYMENT

Payment made in total to: **Service Actions Qualité**

Before the **November 8, 2022**, the sum of:

1 + 2 + 3 + 4 + 5 \_\_\_\_\_ €

**Payment will be made by:**

Cheque (1)

**Transfert to our account CRÉDIT AGRICOLE MÂCON N° 943 3326 1000 (2)**

**IBAN : FR76 1780 6000 8094 3332 6100 008 – BIC AGRIFRPP 878**

Please attach a photocopy of the payment form.

Name of your bank: \_\_\_\_\_

Reference of your bank transfer: \_\_\_\_\_

**International Credit Card** (Please fill in the following information)

MasterCard   Visa   American Express 

Name of Cardholder: \_\_\_\_\_

No. (16 figures):

Last 3 digits on the back of the card :

Signature:

Expiry Date:    Amount: \_\_\_\_\_ €

**TVA number** for European countries (VAT, IVA, NIF, UST):

(1) Cheque in euros must be from a French banking institution. (2) Transfer in euros (all costs payable by the drawer).

### H BILLING ADDRESS (IF DIFFER FROM PAGE 1)

COMPANY: \_\_\_\_\_

NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ CITY: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

E-MAIL: \_\_\_\_\_