

DECLARATION OF INTEREST

Herewith I declare my interest in information to floodwater partnership LABE-ELBE.

Please inform me / us about actual occurrences and upcoming events.

Contact:

Name:

Institution / Community:

Street:

ZIP / City:

Tel.no.

E-Mail:

Signature:

DECLARATION OF MEMBERSHIP

Herewith I declare my membership in floodwater partnership LABE-ELBE and ask to involve us in future activities.

Contact:

Name:

Institution / Community:

Street:

ZIP / City:

Tel.no.

E-Mail:

Signature:
