

Registration Sheet

(for further information see Regulations)

Zürcher Hochschule
für Angewandte Wissenschaften



Life Sciences und
Facility Management



IOOA / OLIO (obligatory)
Chemical Parameter (optionally)

1a. Specification of the participant (producer, importer, retailer)

Name of the firm _____
Contact person Name _____
 First name _____
Street / no. _____
postal zip code / city _____
Country _____
Telephone _____
Fax _____
E-Mail _____
homepage http://www. _____

1b. Billing address (if different from Specification of participant)

Name of the firm _____
Contact person Name _____
 First name _____
Street / no. _____
postal zip code / city _____
Country _____

2. Specification of the product

Name of the product _____

Sorts of olives (in %) _____

Origin (country / area) _____

Taste category intense
 medium
 light

Acidity _____ %

produced yearly quantity _____ liter

Contents of original bottles 250 ml 750 ml
 500 ml 1000 ml
 _____ ml

Cultivation conventional bio

Label DOP IGP
Designation (e.g. DOP Monte Iblei) _____

cold pressed / -extracted
 other ... _____

Filtration filtrated not filtrated

date of produktion _____

best before _____

Selling price per 1000 ml _____ Euro

3. Specification of the producer

Name of the firm _____

Contact person Name _____
First name _____

Street / no. _____

postal zip code / city _____

Country _____

Telephone _____

Fax _____

E-Mail _____

homepage http://www. _____

4. Points of Sale in Switzerland, Austria, Germany

Point of sale 1

Street / no.

Postal zip code / city

Country

Point of sale 2

Street / no.

Postal zip code / city

Country

Point of sale 3

Street / no.

Postal zip code / city

Country

Point of sale 4

Street / no.

Postal zip code / city

Country

Point of sale 5

Street / no.

Postal zip code / city

Country

With your signature you confirm your personal commitment for your registration:

(Regulations IOOA 2014 are valid)

date / place

signature