

# Syrah du Monde

May 23-24, 2024

18<sup>TH</sup> INTERNATIONAL COMPETITION OF THE BEST SYRAH IN THE WORLD

## REGISTRATION FORM • TO BE RETURNED

### 1 • GENERAL INFORMATION

Company \_\_\_\_\_

Name \_\_\_\_\_

First name \_\_\_\_\_

Address \_\_\_\_\_

Zip Code \_\_\_\_\_ City \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Web site http:// \_\_\_\_\_



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

**Syrah du Monde®**  
Maison des vignerons  
du Château de Chaintré  
71570 CHAINTRÉ  
FRANCE

#### FROM FRANCE

Tel. 03 85 37 43 21  
Fax 03 85 37 19 83

#### FROM ABROAD

Tel. 333 85 37 43 21  
Fax 333 85 37 19 83

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### 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 parcel 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>, pressure above atmospheric.
- **3 front and back labels** supplementary.

For each sample, please informing us about 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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3 • 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

4 • REGISTRATION FEES

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

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

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

Transporter 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

5 • PAYMENT

Payment made in total to: Service Actions Qualité  
Before the May 3, 2024, the sum of: 1 + 2 + 3 + 4 + 5 \_\_\_\_\_ €

Payment will be made by:

Cheque (1)

Transfer payment 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 No 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 participant).

6 • BILLING ADDRESS (IF DIFFER FROM PAGE 1)


Company \_\_\_\_\_

Name \_\_\_\_\_ First name \_\_\_\_\_

Address \_\_\_\_\_

Zip Code \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_

E-mail \_\_\_\_\_

  
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OUR N° OF TVA

FR74394372080

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