



**ORDER FORM FOR THE EMTA DIRECTORY OF PUBLIC TRANSPORT  
IN THE EUROPEAN METROPOLITAN AREAS**

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

**ORGANISATION :** \_\_\_\_\_

**FUNCTION / TITLE :** \_\_\_\_\_

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

Date:

Signature:

\_\_\_\_\_

Thank you for sending this form back to EMTA by fax (+33.1.53.59.21.33)  
or by e-mail ([contact@emta.com](mailto:contact@emta.com)).