



REGISTRATION FORM

UITP Membership number (if known): _____

Language: English German French Spanish

DELEGATE INFORMATION

Mr Mrs Ms

Family name: _____ First name: _____

Job title: _____

Organisation: _____

Address: _____

Postcode: _____ City: _____

Country: _____

VAT: _____

Phone: _____ Fax: _____

E-mail: _____

Wednesday, 18th June 2008

Networking Dinner

Any special dietary requirements:

REGISTRATION FEES

250+ 21%VAT = 302,5 €

Registration fees including VAT (21 %)

The registration fees cover lunches, dinner and the workshop's full documentation.

PAYMENT (*exempt from any bank charges*) - **Registration is assured only upon receipt of fees.**

Bank transfer or credit card may be used for payment. All credit cards will be debited in Euro. All bank charges must be borne by the payer.

Please tick as appropriate:

I have arranged on (date)for a money transfer of the following amount to be paid to:

Account owner:	UITP	Account n°:	210-0117353-35
BIC:	GEBA BE BB	IBAN CODE:	BE 572 10011735335
Bank details:	FORTIS Bank, Boulevard Anspach, 3, BE - 1000 Brussels (Belgium)		

In order to ensure swift processing of your application please mark your payment with the following reference **WKS_JUNE_SOD & Name of Participant** and make sure that you instruct your bank to guarantee payment for the full registration fees.

Please debit my Visa/Master Card (delete as appropriate).

Card number: _____ Expiry date (mm/yy): ____/____

Cardholder's name (as it appears on the credit card) _____

Cardholder's adress _____

Date and Signature

FOR FAST REPLY FAX TO UITP, ATTENTION: Sophie Dreyer: +32 2 660 10 72