

**AUTOMATED COMPOSITE PROCESSING**  
**20-22 October 2004, Industriepark Oberbruch, Germany**

**REGISTRATION FORM**

**FAX TO (31) 33-43 43 501**

PLEASE WRITE CLEARLY OR TYPE.

FOR ADDITIONAL DELEGATE(S) REGISTRATIONS, PLEASE MAKE COPIES OF THE APPLICATION FORM.

Company Name : .....  
Address : .....  
Postcode : ..... Town/State : .....  
Country : .....  
Phone : ..... Fax : .....  
E-Mail : .....

**I wish to register for the Automated Composite Processing Conference**

Name delegate : Mr. / Mrs. .... Partner : Yes / No

Name partner : .....

- Three day delegate** (Incl. Conference, 4 Excursions, Dinner and Refreshments) **Euro 350,-**
- One day delegate** (Incl. Conference, Dinner and Refreshments) **Euro 275,-**
- EPTA delegate** (Incl. Sessions 3+4 of Conf., Members Meeting, 3 Exc., 2 Dinners and Refr.) **Euro 295,-** (EPTA Members only)
- EPTA members meeting** (Incl. 3 Excursions, Members Meeting, Dinner and Refr.) **Euro 195,-** (EPTA Members only)

VAT/MWS - Reversed charge, paragraph 13b UStG

**Please reserve a single hotel room at one of the pre-booked hotels:**

- Hotel Esplanade\*\*\*, Wegberg-Wildenrath, Germany** **Euro 57,-**
- Landhotel Cox\*\*\*\*, Roermond, the Netherlands** **Euro 95,-**
- Hotel Landhaus Effeld\*\*\*, Wassenberg-Effeld, Germany** **Euro 51,-**

- |   |                           |                           |
|---|---------------------------|---------------------------|
| <input type="checkbox"/> <b>Conference only</b>             | Arr. Tuesday 19 October   | Dep. Wednesday 20 October |
| <input type="checkbox"/> <b>Conference &amp; Excursions</b> | Arr. Tuesday 19 October   | Dep. Friday 22 October    |
| <input type="checkbox"/> <b>Members meeting only</b>        | Arr. Wednesday 20 October | Dep. Friday 22 October    |
| <input type="checkbox"/> <b>Other</b>                       | Arr. .... October         | Dep. .... October         |

Please use my credit card to *confirm* room accommodation:

MasterCard       VISA       American Express       Diners

Card No : ..... Expiry Date: ...../.....

Cardholders name : .....

**PAYMENT** (must be received before the Conference, an invoice will be send after receipt of this registration form)

- Cheque
- International bank transfer. ABN-AMRO Bank, Leusden, NL.
- Credit card:       MasterCard       VISA       American Express       Diners
- Card No : ..... Expiry Date: ...../.....
- Cardholders name : .....
- Card validation code : ..... (for Visacard only, the last three numbers on rearside of card)
- Signature : .....

**GENERAL CONDITIONS and CANCELLATION**

Delegates must pay conference fees in advance. Admittance to conference is not possible if payment has not been received. In the event of cancellation, there will be a charge of half the fee if less than 21 days before the conference and a full fee if cancelled less than 7 days before. Registrations may be transferred to another person without extra cost. All changes must be done in writing/fax or E-mail.

Please send this form by fax or mail to:

**Brisk Events**  
P.O. Box 18      Tel. (31) 33- 4343 502 / 500  
3830 AA Leusden      Fax (31) 33- 4343 501  
The Netherlands      E-mail: info@briskevents.nl

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