



REGISTRATION FORM

KENES International
 CARES FOR YOUR ORGANIZATION
 GLOBAL CONGRESS ORGANIZERS AND
 ASSOCIATION MANAGEMENT SERVICES

Please PRINT in BLOCK LETTERS and FAX,

Email or AIRMAIL to:

INTERPLAN AG - Hamburg Office

St. Petersburger Str. 1
 D-20355 Hamburg, Germany

Tel: +49 40 32 50 92-30

Fax: +49 40 32 50 92-44

E-mail: u.lau-thurner@interplan.de

IDENTIFICATION

Please complete this section accurately. The information you provide will allow us to correspond with you efficiently.

Participant (Please TYPE or PRINT IN BLOCK LETTERS)

Family Name _____

Initials _____

First name _____

Prof. Dr. Mr. Mrs. Ms.

Mailing Address: Office Residence

Institute _____

Dept. _____

No. Street _____

Suite/Apt. _____

City Province Country _____

Postal Code _____

Telephone (office hours): Country code/city code/number _____

Fax: Country code / city code/ number _____

E-mail address: _____

Registration Fees (in USD)

Full Package *	<input type="checkbox"/> \$ 300
Registration Only	<input type="checkbox"/> \$ 150

- Including accommodation for 1 night at the "Millenium Hotel Abu Dhabi" (Course Venue) on Friday, January 26, 2007, on a Bed & Breakfast basis in a single room (double room reservation is optional)

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PARTICIPANT - Family name

First name

PAYMENT

Please indicate the amount in total and preferred mode of payment. Bank charges are the responsibility of the participant and should be paid at source in addition to the registration and accommodation fees.

Ensure that you send your fully completed Registration Form, **page 1 AND 2**, together with your payment :

Total Amount: _____ USD

I have transferred the total amount to your bank account

Account Name: INTERPLAN AG - Ref. HH-ABU-07 + Name of Participant
Bank details: Hypovereinsbank München
Account No.: 087 782 92 60
Route No.: 700 202 70
IBAN-No.: DE23 7002 0270 0877 8292 60
SWIFT Code : HYVEDEMMXXX

Please charge the total amount to the following Credit Card:

Visa MasterCard American Express

Credit Card No.

Name of Credit Card Holder

Exp. Date
Month/Year

CVC

(CVC - the last 3 digits on the back side of your CC, except American Express, here CVC are the last 4 digits, front side)

Date _____ Signature _____

With this signature, the conditions mentioned below are accepted by the participant as binding.

General Terms & Conditions

Full Packages must be paid completely until January 12, 2007 at the latest

Confirmation: After receipt of the full amount, **at the latest by January 12, 2007**, we will confirm your registration. If you register after that date, please show a copy of your bank remittance at the Conference Office or pay in cash on site. You will then receive your Conference material.

CANCELLATION POLICY

Registered Conference participants who cannot attend the Conference will receive a refund of the Conference registration fee as follows:

- Cancellations received before January 12, 2007 - full refund minus 50 USD handling fee
- Cancellations received after January 12, 2007 - no refund

Cancellations in writing only to INTERPLAN AG - Office Hamburg