



**Registration Form            3<sup>rd</sup> European EMS Forum**

May 12<sup>th</sup>, 2009, 10:00 to 16:00 h, Brussels, Diamant Building, Boulevard A. Reyers 80

**By fax +49 (0) 700 - 868 11224 or E-Mail: [vnu@vnu-ev.de](mailto:vnu@vnu-ev.de)**

Company: \_\_\_\_\_

Family name: \_\_\_\_\_ Given name: \_\_\_\_\_

Address : \_\_\_\_\_

Country, city, postcode: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**E-mail:** \_\_\_\_\_

Are you a member of an EFAEP member association ([www.efaep.org](http://www.efaep.org)) ?

If yes, please fill in the name of the association here: \_\_\_\_\_

**I give you permission to use my contact data for generating a list of attendants which will be distributed to the participants of the conference.    yes    no**

The conference fee is € 220 (reduced fee for members of an EFAEP member association: €180, please indicate name of association above), including lunch, coffee and soft drinks. You will receive an E-Mail confirmation of your registration. The invoice is payable on receipt. Participants should ensure that payment is received before the date of the conference.

**Herewith, I register for the above mentioned conference.**

The registration form constitutes a legally binding agreement. Cancellations confirmed in writing until April 27, 2009, are free of charge (full refund of already paid conference fee). For cancellations confirmed in writing after April 27, 2009, the conference fee is refunded minus an administration charge of 50 €. Without cancellation, the full conference fee has to be paid.

**Date, signature:** \_\_\_\_\_