

REGISTRATION FORM



October 27-29, 2010

Company Name: _____
Address 1: _____
Address 2: _____
Town/City: _____
County/State: _____ Postal code: _____
Country: _____
Business Type: _____
Contact for payment: _____
Telephone: _____ Fax: _____
Email: _____

DELEGATE DETAILS:

Delegate 1:

Surname: _____
First Name(s): _____
Position: _____
Department: _____
Email: _____
Telephone: _____ Fax: _____
Ticket: Symposium Gala Dinner VIP

Delegate 2:

Surname: _____
First Name(s): _____
Position: _____
Department: _____
Email: _____
Telephone: _____ Fax: _____
Ticket: Symposium Gala Dinner VIP

Delegate 3:

Surname: _____
First Name(s): _____
Position: _____
Department: _____
Email: _____
Telephone: _____ Fax: _____
Ticket: Symposium Gala Dinner VIP

Signature: _____

DATA PROTECTION

The personal information provided by you will be held on a database and may be shared with partner companies of Columbus. Sometimes your details may be made available to external companies for marketing purposes. If you do not wish your details to be used for this purpose please write to: office@cosymp.com

Ticket packages:

Columbus Symposium: 250,- €
Columbus Gala Dinner: 190,- €
VIP Ticket: 1.500,- €

Prices valid until August 2010

The Columbus Symposium Ticket includes entrance to all speeches and podium discussions as well as participation at networking events

The Columbus Gala Dinner Ticket includes one seat for the Columbus Gala Dinner on the evening of October 28th.

A VIP Ticket includes chauffeur service, premium seating, entrance to the VIP lounge, VIP service from the VIP Team, an exclusive seat at the Gala Dinner and much more exclusive services. More information on demand.

Payment details:

Please transfer the money to the following bank account:

Recipient: Columbus Symposium
Bank: Bankhaus Spängler
BIC: SPA EAT 2S
IBAN: AT03 1953 0001 0003 2907

BOOKING CONDITIONS

Full payment must be received prior to the event for entrance. A confirmation letter and invoice will be sent to you on receipt of your booking. If you are unable to attend, a substitute delegate is always welcome. If you cancel your place more than two weeks before the event a cancellation fee of 10% shall be applicable. If you cancel your registration within two weeks of the event or fail to attend the event then a 25% cancellation fee shall be applicable. Cancellation must be made in writing and will be acknowledged in writing. Refunds will only be due if cancellation is made prior to the event. It may be necessary for reasons beyond the control of the organisers to alter the content, timings or venue. The Company will not accept liability for any transport disruption or individual transport delays and in such circumstances the normal cancellation restrictions apply.

VENUE INFORMATION

With the nearby breathtaking Austrian Alps, the University of Applied Sciences Salzburg is a convenient and extremely picturesque venue to host a symposium. The city Salzburg is a declared world heritage site by UNESCO since 1997

ACCOMMODATION

The conference fee does not include accommodation. A limited number of reduced room rates have been reserved for delegates. Accommodation information will be sent to you with your confirmation letter by our Client Services Team when you register.

Registered Office

Columbus Symposium e.V. | Innsbrucker Bundesstrasse 40
5020 Salzburg | Austria