SYMPOSIUM REGISTRATION FORM


####  **TechNet Europe 2014**

### 9-10 October 2014, Paris, France

### in conjunction with the European Defence Agency

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Please complete this form, provide credit card details and (e)-mail/fax to: AFCEA Europe, 105 rue Colonel Bourg, 1030

Brussels, Belgium, Tel: +32-2-705.27.31, Fax: +32-2-705.28.94, email: europe@afcea.org

**Pre-registration with full payment is required prior to *5 October 2014.* After this date, we can no longer guarantee**

**your registration.**

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Photocopies acceptable. One registrant per form - attach business card or print using block letters

**ALL FIELDS MUST BE COMPLETED**

LAST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIRST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MR./MRS./MS or RANK: \_\_\_\_\_\_\_\_

COMPANY / ORGANIZATION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***The above information will be used to produce your badge but may be edited so as to fit on 3 lines of text.***

JOB TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POSTAL/ZIP CODE: \_\_\_\_\_\_\_\_\_\_ CITY & STATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_ COUNTRY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TEL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BILLING ADDRESS**: (if different from participant's address above) CONTACT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COMPANY / ORGANIZATION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POSTAL/ZIP CODE: \_\_\_\_\_\_\_\_\_\_\_ CITY & STATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_ COUNTRY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATA PROTECTION: The data will be used for AFCEA internal purposes only.**

**How did you hear about this event?**

 AFCEA Web site  Emailing campaign SIGNAL Magazine  Recommended by a colleague  Other

#### **My company has a VAT (Value Added Tax) number**  NO YES, **the number is below:**

#### *(country of VAT registration and of billing address must be the same):*

####

|  |
| --- |
|  **IMPORTANT VAT INFORMATION****All fees are in Euroand are subject to French VAT of 20%.**  * **NATO personnel and some Diplomatic Missions may be exempt from VAT charges but must provide a VAT Exemption Certificate otherwise VAT will be charged. This document must be provided with registration form.**

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#### **Tick the appropriate boxes AFCEA Member**  **Non-AFCEA Member**

(Fee includes a full-access conference pass, networking lunches, reception on 9 October in the exhibition area

and coffee breaks)

Industry  625 EUR  750 EUR

Active Military/Government  300 EUR   400 EUR

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** My company would like to sponsor the event; please send me sponsorship information.**

 **Subtotal = EUR…………….**

 **Add VAT (20% of Subtotal) = EUR …………….**

 **Total Registration Fee = EUR ……………**

**PAYMENT DETAILS:**

**Payment must accompany completed registration form.**

**Confirmation will be emailed when payment is received, accompanied by a “paid” invoice for accounting purposes.**

**All registrations will be processed on a first-paid, first-served basis.**

 I am a Member Membership # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(must be completed to receive discount**)

If you would like to join AFCEA to benefit from the member rate at this event, please contact AFCEA International <**service@afcea.org**> before returning your registration form. You may join on line at <**www.afcea.org**>.

 Credit Card: debit my credit card for a total amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Amex  Visa  Mastercard  Eurocard number is:



Cardholder name (as it appears on credit card): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration date: \_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Cancellation policy: 15% administration costs will be charged for cancellations prior to 12 September 2014 - no refund after that date. Name substitution: at any time, no charge.**