



6-8 April 2011

Please complete the following and fax to Susie Hiner at +1- 858-674-6794. 30% off registrations through 28 February 2010. Discount reflected in prices below. PLEASE PRINT CLEARLY

First Name: _____ Last Name: _____

Company Name: _____ Job Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Email address: _____

Business Phone #: _____ Cell Phone #: _____

Level in Organization-

- | | | |
|---|---|-----------------------------------|
| <input type="checkbox"/> CXO (C-Level Exec) | <input type="checkbox"/> Vice President | <input type="checkbox"/> Director |
| <input type="checkbox"/> Manager | <input type="checkbox"/> Individual Contributor | <input type="checkbox"/> Academic |

Primary Services Interest-

- | | | |
|---|---|--|
| <input type="checkbox"/> Field Services | <input type="checkbox"/> Support Services | <input type="checkbox"/> Professional Services |
|---|---|--|

Functional Area-

- | | | |
|---|-------------------------------------|---|
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Finance | <input type="checkbox"/> Human Resources |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Operations | <input type="checkbox"/> Partner Management |
| <input type="checkbox"/> Professor | <input type="checkbox"/> Research | <input type="checkbox"/> Sales |
| <input type="checkbox"/> Service Delivery | <input type="checkbox"/> Strategy | <input type="checkbox"/> Student |
| <input type="checkbox"/> Training | | |

Association Offering of Interest-

- | | |
|---|--|
| <input type="checkbox"/> Membership Offerings | <input type="checkbox"/> Sponsorship Offerings |
|---|--|

How did you hear about the conference?

- | | | |
|--|---|--|
| <input type="checkbox"/> Email | <input type="checkbox"/> Association Web site | <input type="checkbox"/> Search Engine |
| <input type="checkbox"/> Phone-Contact by Association Representative | <input type="checkbox"/> Press Release | <input type="checkbox"/> Publication or Other Web site |
| <input type="checkbox"/> Print Communication | <input type="checkbox"/> Partner Referral | <input type="checkbox"/> Friend/Colleague |

Please indicate any special needs (i.e. Dietary, Wheelchair access):



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Conference Registration:

Euros

- Member €1050
- Academic €417
- Non-Member €1190
- Voucher €0/\$0.00

USD

- Member \$1537.00
- Academic \$627.00
- Non-Member \$1817.00
- Enter Voucher # _____

Partner/Exhibitor Registration:

- Additional Registration €1050
- Additional Registration \$1537.00
- Incl'd in Agreement €0./\$0.00
- Enter Voucher # _____

Credit Card Number: _____

Name on card: _____ **Expiration Date:** _____

Zip/Postal code – billing address: _____

Authorization to charge (Signature & Date): _____

Will you attend the Networking Reception in the Exhibition on Wednesday 6 April? Yes No

Will you attend the Networking Reception in the Exhibition on Thursday 7 April? Yes No

Will you attend the Closing Luncheon on Friday 8 April? Yes No

Are you interested in learning more about the Networking Dinners? Yes No