

Fax Registration

Venue: Grand Hotel Krasnapolsky Dam 9 1012 JS AMSTERDAM October 22-26, 2001

| Name | | | | | | | | | Cor | npar | ıy | | | | | | | | | |
|--|-------|-------|-------|-------|-------|--------------|------------------|------|-------|-------|--------|-------|------|------|-------|------|------|------|-------|----------|
| Address | | | | | | | | | Tel | | | | | | | | | | | |
| | | | | | | | | | Fax | x | | | | | | | | | | |
| | | | | | | | | | Em | nail | | | | | | | | | | |
| Post/Zip Code | | | | | | | | | Co | untry | / | | | | | | | | | |
| Please register m | ne fo | r the | follo | owing | g (gc | to | http:/ | //ww | w.op | eng | roup | .org/ | ams | terd | am2 | 001/ | fees | .htm | for o | details) |
| ☐ Active Loss Prevention Pass ☐ Day Pass ☐ Members Pass | | | | | | | | | | | | | | | | | | | | |
| I shall be attending on the following days | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday (tick box) | | | | | | | | | | | | | | | | | | | | |
| I shall be attending the following Open Sessions | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| ☐ I am unable to attend this conference but would be interested in hearing about future conferences and meetings. Please add my name to your mailing list. | | | | | | | | | | | | | | | | | | | | |
| Payment Details Please refer to the Conference Fees page at http://www.opengroup.org/amsterdam2001/fees.htm to calculate the payment required. | | | | | | | | | | | | | | | | | | | | |
| ☐ Please charge | e US | \$ | | | | | t | o my | / | | | | | | | | | | | |
| ☐ American Express ☐ Visa | | | | | sa | ☐ MasterCard | | | | | | | | | | | | | | |
| Card Number | | | | | | | | | | | | | | | | | | | | |
| Signature | | | | | . Е | xpiry | [,] Dat | te | | | | | | | | | | | | |
| Name of cardholder if different to contact name | | | | | | | | | | | | | | | | | | | | |
| Please note that conditions) is 8 C agreement prior t | Octol | oer 2 | 2001 | and | that | ther | e is | a re | quire | emer | nt for | non | -mei | nbe | rs to | | | | | sure |
| Please make a hotel reservation on my behalf. Details of my requirements are given on the next page. | | | | | | | | | | | | | | | | | | | | |



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Accommodation

A limited number of hotel rooms are available at the conference venue at special Open Group rates. These rooms are available on a "first reserved" basis until the allocation is filled. This rate is only available to those bookings made via The Open Group, and is subject to availability.

All reservations require a credit card guarantee. Guests who do not cancel their reservations 48 hours in advance of arrival day or fail to check in will be charged one night at the room rate. Please supply your credit card details on page 1.

| Please make the following reservation on my behalf at the special rate below (if available) | | | | | | | | |
|--|---------------------|--|--|--|--|--|--|--|
| Arrival date: Arrival time: Departure date: | | | | | | | | |
| Business Room ☐ Single Occupancy @ 225 Euros ☐ Double Occup | oancy @ 225 Euros | | | | | | | |
| Executive Room Single Occupancy @ 250 Euros Double Occ | supancy @ 250 Euros | | | | | | | |
| ☐ "No Smoking" Room requested | | | | | | | | |
| ☐ Special Requirements. Please indicate any ADA, dietary or special conference requirements. | | | | | | | | |
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| Fax your completed form to the appropriate Open Group contact below | | | | | | | | |
|---|--|---|---|--|--|--|--|--|
| Europe | North America | Japan | Other Countries | | | | | |
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