

IT Architecture Practitioners Conference

Dublin, Ireland

April 25-27, 2005

in association with The Open Group Member Meetings, April 25-29



Deadline to register by fax is Wednesday, April 20, 2005

PASS TYPE (refer to the conference [fees page](#) to calculate payment)

- ☐ **Full Pass** (IT Architecture Practitioners Conference, open sessions, plus dinner event. Includes Forum Meetings for members)
- ☐ **1-Day Pass** (Forum Meetings and Open Sessions only; doesn't include Plenary) Specify date: _____
- ☐ **2-Day Pass** (Forum Meetings and Open Sessions only; doesn't include Plenary) Specify dates: _____
- ☐ **Student Pass** (valid ID required and verified)
- ☐ **Dinner Event** (Tue. April 26) Additional fee for those with Day Pass, Student Pass, or guests:
 - ☐ Please add the dinner event to my Day Pass or Student Pass. \$93 / €70 per person
 - ☐ I wish to bring a guest to the dinner event. \$93 / €70 per person ☐ Bill me separately

ATTENDEE TYPE

- ☐ Non-Member
- ☐ Member
- ☐ Affiliate Member or Promotion Partner (enter organization or promotion code)

_____-OR-_____
Name of Organization Promotion Code

SESSIONS I WISH TO ATTEND

Conference Sessions

- ☐ IT Architecture Practitioners Conference (April 25-27)

Open sessions

- ☐ Introduction to The Open Group (for non-members)
- ☐ Tutorial: An Introduction to TOGAF
- ☐

Member Meetings

- ☐ All-Members Meeting
- ☐ Architecture Forum
- ☐ Grid Enterprise Services
- ☐ Messaging Forum
- ☐ Real-time & Embedded Systems Forum
- ☐ Security Forum and Identity Management

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ATTENDEE INFORMATION (please print)

Name _____ Email: _____

Job Title _____ Phone: _____

Company: _____ Fax: _____

Address (line 1) _____

Address (line 2) _____

City/State/Province _____

Post Code _____ Country _____

HOTEL RESERVATION (Jurys Ballsbridge Hotel, Pembroke Road, Dublin 4, Ireland)

All reservations require a credit card guarantee

Arrival Date: _____ **Departure Date:** _____

☐ Please reserve a room for me at the Conference venue hotel:

☐ Single occupancy €169 per day

☐ Double occupancy €194 per day

☐ No smoking room requested

☐ Special requirements _____

☐ I am staying at the Conference venue hotel but will make my own reservation (please indicate dates above)

☐ I will be staying elsewhere

CONFERENCE PAYMENT

Card Type: ☐ Amex ☐ Visa ☐ MasterCard

Account Number _____

Expiration Date: _____
Month Year

Total to be charged: € _____

Please enter the name and billing address information as it appears on your credit statement
(if different from attendee information)

Name _____ Billing Address _____

_____ City/State/Province _____

Post Code _____ Country _____

How did you hear about this Conference? _____

Fax your registration to: +1 (415) 374-8293 (San Francisco) or +44 870 131-0418 (UK)