

**Enterprise Architecture Practitioners Conference
Paris**

Hilton Paris, France April 23-25, 2007
in association with The Open Group Member Meetings, April 23-27



Deadline to register by fax is Wednesday, April 18, 2007

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

- Full Pass:** All conference and open sessions, plus dinner event. (Includes Forum meetings for members)
- 2-Day Pass:** Conference and open sessions on two consecutive days. (Includes Forum meetings for members). Specify dates: _____
- 1-Day Pass:** Conference and open sessions on a single day. (Includes Forum meetings for members). Specify date: _____
- Student Pass** (valid ID required and verified)
- Dinner Event** (Tue. April 24) Additional fee for those with Day passes, Student passes, or guests.
 - Please add the dinner event to my Day pass or Student pass (€75 / \$90 per person)
 - I wish to bring a guest to the dinner event. €75 / \$90 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

Open Sessions	Member Meetings
<input type="checkbox"/> Enterprise Architecture Practitioners Conference	<input type="checkbox"/> All-Members Meeting
<input type="checkbox"/> Introduction to The Open Group	<input type="checkbox"/> Adaptive Business Solutions Work Group
<input type="checkbox"/> Forum Reports	<input type="checkbox"/> Architecture Forum
	<input type="checkbox"/> GES Forum
	<input type="checkbox"/> Enterprise Management Forum/AQRM
Other Events	<input type="checkbox"/> Identity Management Forum
<input type="checkbox"/> Gala Dinner (Tuesday evening)	<input type="checkbox"/> Messaging Forum
<input type="checkbox"/> Additional ticket (€75 / \$90)	<input type="checkbox"/> Real-time & Embedded Systems Forum
	<input type="checkbox"/> Security Forum
	<input type="checkbox"/> Service Oriented Architectures
	<input type="checkbox"/> UDEF

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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 (Hilton Paris)

All reservations require a credit card guarantee and rooms are subject to availability.

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

- Please reserve a room for me at the Conference venue hotel:
 - Single occupancy - \$240 per night, incl. VAT and Breakfast
 - Double occupancy - \$240 per night, incl. VAT and Breakfast
 - 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)
Security code: _____ (3-digit code on back of VISA/Mastercard or 4-digit code on front of AMEX)
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? _____

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Fax your registration to: +1 (415) 374-8293 (San Francisco) or +44 118 950 0110 (UK)