

IT Architecture Practitioners Conference Miami

Coral Gables, Miami, FL, USA July 17-19, 2006
in parallel with The Open Group Member Meetings, July 17-21



Deadline to register by fax is Wednesday, July 12, 2006

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. July 18) Additional fee for those with Day passes, Student passes, or guests.
 - Please add the dinner event to my Day pass or Student pass: \$90 / €75 per person
 - I wish to bring a guest to the dinner event: \$90 / €75 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 Miami

Open sessions

- Introduction to The Open Group (for non-members)

Member Meetings

- All-Members Meeting
- Architecture Forum
- GES Forum
- Enterprise Management Forum/AQRM
- Identity Management Forum
- Messaging Forum
- Real-time & Embedded Systems Forum
- Security Forum
- 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 (Hyatt Regency Coral Gables)

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 \$139 per night
 - Double occupancy \$139 per night
 - 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)