

Semantic Interoperability Conference

Houston, TX, USA October 19-20, 2005



Deadline to register by fax is Wednesday, October 12, 2005

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. October 18) Additional fee for those with Day passes, Student passes, or guests.
 - Please add the dinner event to my Day pass or Student pass. \$93 per person
 - I wish to bring a guest to the dinner event. \$93 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

- Service Oriented Architectures Conference (October 17-19)
- Semantic Interoperability Conference (October 19-20)

Open sessions

- The Open Group Profile (for non-members and first-time attendees)
- Gala Dinner

Member Meetings

- All-Members Meeting
- Architecture Forum Identity Management Forum GES Forum Enterprise Management Forum
- Messaging Forum Security Forum UDEF Forum
- Real-time & Embedded Systems Forum
 - Monday/Consumer Electronics/Medical Devices and Transportation Systems
 - Tuesday/Open Source for High Assurance
 - Wednesday/Service-Oriented Architecture to the Edge (OA for RT)
 - Thursday/Security for RT & High Assurance Safety Critical
 - Thursday-- Evening/Brainstorming New Ideas for RT Activities
 - Thursday & Friday/Safety/Mission Critical RT Java

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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 Houston)

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 \$149 per day
 - Double occupancy \$149 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)