

Corinthia Lisboa Hotel, Lisbon, Portugal October 23-25, 2006
in association with The Open Group Member Meetings, October 23-27



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 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

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

_____-OR-_____
 Name of Organization Promotion Code

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"/> Architecture Forum
<input type="checkbox"/> Forum Reports	<input type="checkbox"/> GES Forum
	<input type="checkbox"/> Enterprise Management Forum/AQRM
	<input type="checkbox"/> Identity Management Forum
	<input type="checkbox"/> Messaging Forum
	<input type="checkbox"/> Real-time & Embedded Systems Forum
	<input type="checkbox"/> Security Forum
	<input type="checkbox"/> UDEF
	Other Events
	<input type="checkbox"/> Gala Dinner (Tuesday evening)
	<input type="checkbox"/> Additional ticket (€75 / \$90)

Enterprise Architecture Practitioners Conference Lisbon

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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 (Corinthia Lisboa Hotel)

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 - \$190 per night

☐ Double occupancy - \$210 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)