THE Open GROUP Managing the Mobile Workforce

Fax Registration

Newport Bay Club

Paris France April 8-12, 2002

| Name | | | | | | | | | Со | mpa | ny | | | | | | | | | |
|--|---|------|------|---|---|---|----------------|------|------|-------|----|------------|------|-------------|------|---|------|------|--|---|
| Address Tel | | | | | | | | | | | | | | | | | | | | |
| Fax | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | Er | nail. | | | | | | | | | | |
| Post/Zip Code | | | | | | | | | . Co | ountr | y | | | | | | | | | |
| Please register me for the following (go to http://www.opengroup.org/paris2002/fees.htm for details) | | | | | | | | | | | | | | | | | | | | |
| ☐ Managing the Mobile Workforce Pass ☐ Day Pass ☐ Members Pass | | | | | | | | | | | | | | | | | | | | |
| I shall be attendi | I shall be attending on the following days | | | | | | | | | | | | | | | | | | | |
| | _ | | | | _ | • | , | l Th | ursd | av | П | - Frida | av (| tick | box' | ١ | | | | |
| | Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday (tick box) | | | | | | | | | | | | | | | | | | | |
| | I shall be attending the following Open Sessions | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | • • • • • • | | | | | | |
| I am unable to attend this conference but would be interested in hearing about future conferences and meetings. Please add my name to your mailing list. | | | | | | | | | and | | | | | | | | | | | |
| Payment Details Please refer to the Conference Fees page at http://www.opengroup.org/paris2002/fees.htm to calculate the payment required. | | | | | | | | | | | | | | | | | | | | |
| ☐ Please charge | e Eur | os/l | JS\$ | | | | | | to | my | | | | | | | | | | |
| Ame | rican | Exp | ores | 3 | | |] Vis | sa | | | | | Mas | sterC | Card | | | | | |
| Card Number | | | | | | | | | | | | | | | | | | | |] |
| Signature Expiry Date | | | | | | | | | - | | | | | | | | | | | |
| Name of cardhol | Name of cardholder if different to contact name | | | | | | | | | | | | | | | | | | | |
| st | | | | | | | | | | | | | | | | | | | | |

Please note the "cancellation date" (1st April 2002) for the conference (referred to in our standard terms and conditions) and that there is a requirement for non-members to sign a non-disclosure agreement prior to receiving or gaining access to the meeting documentation.

| Fax your completed form to the appropriate Open Group contact below | | | | | | | | |
|---|---------------|---|---|--|--|--|--|--|
| Europe | North America | Japan | Other Countries | | | | | |
| Tel: +44 118 950 8311 Fax: +44 118 950 0110 Email: y.corper@opengroup.org | | Yoshiyuki Suzuki Tel: +81 44 221 2180 Fax:: +81 44 221 2181 Email: y.suzuki@opengroup.org | Michala Burton Tel: +44 118 950 8311 Fax: +44 118 950 0110 Email: m.burton@opengroup.org | | | | | |

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| Please make a hotel reservation on my behalf. Details of my requirements are given on the next page. |
|--|
| Accommodation |
| A limited number of hotel rooms are available at the conference venue at special Open Group rates. These rooms are available on a "first reserved" basis until the allocation is filled. This rate is only available to those bookings made via The Open Group, and is subject to availability. |
| All reservations require a credit card guarantee. Guests who do not cancel their reservations 72 hours in advance of arrival day or fail to check in will be charged one night at the room rate. Please supply your credit card details on page 1. |
| ☐ Please make the following reservation on my behalf at the special rate below (if available) Arrival date: Departure date: |
| ☐ Standard Guest Room (single/double) 200 Euros |
| ☐ "No Smoking" Room requested |
| ☐ Special Requirements. Please indicate any ADA, dietary or special conference requirements. |
| |

| Fax your completed form to the appropriate Open Group contact below | | | | | | | | |
|---|--------------------------|------------------------|-------------------------------|--|--|--|--|--|
| Europe | North America | Japan | Other Countries | | | | | |
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