## The Role of Web Services



to the meeting documentation.



## Hyatt Harborside Hotel, Boston, MA, USA July 22-26 2002

Name	Company
Job Title	Division/Department
Address	Tel
	Fax
	Email
Post/Zip Code	Country
Please register me for the following (go to http://www.openg	group.org/boston2002/fees.htm for details)
☐ Full Conference Standard Pass ☐ Full Conference S	Subscriber Pass
I shall be attending on the following days (please tick appropri	ate boxes)
☐ Sunday (First-time attendees briefing and reception) [	Wednesday evening offsite event
☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday	Friday
I shall be attending the following Open Sessions	
	red in hearing about future conferences and meetings. Please add my
Payment Details Please refer to the Conference Fees page at http://www.ope	engroup.org/boston2002/fees.htm to calculate the payment required.
☐ Please charge Euros/US\$ t	о ту
☐ American Express ☐ Visa	MasterCard
Card Number	
Signature	Expiry Date
Name of cardholder if different from contact name (please prin	nt)
Please note the "cancellation date" (14 <sup>th</sup> July 2002) for t	the conference (referred to in our standard terms and conditions)

Fax your completed form to the appropriate office below					
Europe	North America	Japan	Other Countries		
Michala Burton	Maggie Roth	Yoshiyuki Suzuki	Michala Burton		
Tel: +44 (0)118 950 8311	Tel: +1 415 374 8280 x232	Tel: +81 44 221 2180	Tel: +44 (0)118 950 8311		
Fax: +44 (0)118 950 0110		Fax:: +81 44 221 2181	Fax: +44 (0)118 950 0110		
Email: m.burton@opengroup.org		Email: y.suzuki@opengroup.org	Email: m.burton@opengroup.org		

and that there is a requirement for non-members to sign a non-disclosure agreement prior to receiving or gaining access

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## **Accommodations**

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.

Arrival date (hotel):	Estimated check-in time:	Departure date (hotel):
Special Requirements. Please indic	ate any ADA, dietary or special c	onference requirements
☐ "No Smoking" Room requested		
Room requirement:  I bed :  2	2 beds Staying elsewhere	
Please make the following reservation	on my behalf at the special rate:	Standard Guest Room (single/double) at \$149 (if available)

Fax your completed form to the appropriate office below						
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Fax: +44 (0)118 950 0110 Email: m.burton@opengroup.org		Fax:: +81 44 221 2181 Email: y.suzuki@opengroup.org	Fax: +44 (0)118 950 0110			