

REGISTRATION FORM - ICMA GENERAL MEETING BARCELONA, 26-28 MAY 2005

Please fax back to +31 (0)20 638 2371.

First name: Surname:
 Position:
 Publishing Company: Paper Title:
 Address 1: Address 2:
 Postal/Zip Code: City:
 Country: Phone:
 Fax: Email:

Yes, I would like to register for:

<input type="checkbox"/> ICMA General Meeting Barcelona			
Early Bird	(must be received by 20 April, 2005)	€ 295*	<input type="checkbox"/>
Standard	(must be received by 4 May, 2004)	€ 350*	<input type="checkbox"/>
Late	(after 4 May, 2004)	€ 395*	<input type="checkbox"/>
Non-Member		€ 440*	<input type="checkbox"/>
Special segments – pre-booking is required for these sessions.			
Publishers' Meeting	Saturday 28 May (09:00-13:30)	€225*	<input type="checkbox"/>
Sales Managers' Workshop	Saturday 28 May (09:00-13:30)	No extra cost	<input type="checkbox"/>
Technology and Business Development Forum	Saturday 28 May (09:00-13:30)	No extra cost	<input type="checkbox"/>
Social Programme/Additional Guests (please book in advance as some events have limited space)			
Mini Olympics on the Mediterranean Beach	Thursday 26 May (14:30-17:30)	No extra cost	...ticket/s
Welcome Reception & Dinner	Thursday 26 May (20:00-23:00)	No extra cost	...ticket/s
Catalan Dinner at Restaurant Can Cortada	Friday 27 May (19:30-23:00)	No extra cost	...ticket/s
Gala Party at L'Hivernacle	Saturday 28 May (20:00-01:00)	€ 100*	...ticket/s
General Meeting Guest/Partner	(includes Gala Party ticket)	€ 195*	...ticket/s
TOTAL (please make payment in full – see below**)		€.....	
<input type="checkbox"/> Sales Manager's Package at the price of € 195			
Catalan Dinner at Restaurant Can Cortada	Friday 27 May (19:30-23:00)	No extra cost	<input type="checkbox"/>
Sales Managers' Workshop	Saturday 28 May (09:00-13:30)	No extra cost	<input type="checkbox"/>
Gala Party at L'Hivernacle	Saturday 28 May (20:00-01:00)	No extra cost	<input type="checkbox"/>
Additional Guests (please book in advance as some events have limited space)			
General Meeting Guest/Partner	(includes Gala Party ticket)	€ 195*	...ticket/s
TOTAL (please make payment in full – see below**)		€.....	

RESERVATION SERVICE ONLY – Please indicate your requirements here. ICMA will book the services but you need to make the respective payment to the hotel directly. DO NOT include this payment to ICMA.

Hotel Requirements – Hotel Fira Palace

Date of Arrival: Date of Departure:

Single Room:		€ 194*	<input type="checkbox"/>
Double Room:	<input type="checkbox"/> Twin beds or <input type="checkbox"/> Double bed	€ 210*	<input type="checkbox"/>

**Rates are per room per night, exclude local taxes, and include buffet breakfast*

I prefer to stay in a smoking room	<input type="checkbox"/> No <input type="checkbox"/> Yes
I have other room requirements	<input type="checkbox"/> No <input type="checkbox"/> Yes (please specify)...
Special dietary requirements	<input type="checkbox"/> No <input type="checkbox"/> Yes (please specify)...

Meeting Facilitation Services

☐ I would like to meet (please indicate who)...

☐ I would like to meet somebody who knows more about (please specify)...

Is this the first ICMA (formerly FAPIA) meeting you will attend? ☐ Yes ☐ No

Extra Required Information – this information will be printed in the General Meeting folder received by all delegates and aims to give participants a better overview of their fellow members' expertise and interests.

What is/are your business model/s?	<input type="checkbox"/> Free ads	<input type="checkbox"/> Free circulation	<input type="checkbox"/> Niche	<input type="checkbox"/> Online	<input type="checkbox"/> Other (please specify)...
What has been your most satisfying/successful professional achievement?					
What is the biggest problem/issue your company is facing right now?					

Payment of Registration Fees and Credit Card Guarantee – PAYMENT DETAILS

<input type="checkbox"/> Bank transfer (we prefer a bank transfer)	ABN Amro, Amsterdam, Account No. 49.00.80.227, Swift Code ABNANL2A OR - IBAN# NL07ABNA0490080227
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<input type="checkbox"/> Charge to my credit card** (complete details below)	<i>YOUR CREDIT CARD DETAILS ARE ALWAYS REQUIRED TO GUARANTEE YOUR HOTEL BOOKING!</i>
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Credit Card:	<input type="checkbox"/> Visa	<input type="checkbox"/> AMEX	<input type="checkbox"/> Mastercard / Eurocard
Credit Card No.:	Exp.: Mastercard 3 digit validation code:		
Card holder's name:	Signature:		

**You will automatically receive a receipt. Please note that payments must be net and free of commissions. Registrations will NOT be official until full payment has been received. In order to guarantee your hotel reservation, we need to have a valid credit card number. Hotel cancellation fees, if necessary, will be charged to this credit card. See reverse of this form for cancellation and payment details. In case payment of registration fees is made by credit card, these will be charged to this credit card as well.*

***Please note that we do need to charge an extra 5% to the overall payment if you pay the General Meeting fees by credit card. This is due to bank fees and beyond our control – to avoid this extra cost you can always pay by bank transfer.*

Name: Signature: Date: