CONFERENCE REGISTRATION FORM

Please print and fill in this form and fax it to atuna.com fax +31 162 430525

DELEGATE

Name:				
Email:	Last Name	First Name Mr/Mrs/Miss/Dr Job Title:		
Name on badge:				
Company Name:		VAT #		
Address:		City:	Number required	within Europe only
Zip/Post Code: _	Count	ry: Website:		
Telephone:		Fax:		
Company activity	<u> </u>			
REGISTRATION (Deadline April 15 th 2		Please mark your choice:		
Registration Fee:		EUR 365 + 21% VAT* = EUR 441,65		
		USD 480 + 21% VAT* = USD 580.80		
PAYMENT				
- For EUR: Atun	a's Account 52.00.49.0) to ABN-AMRO Bank, P.O. Box 15, 4900 AA 0 675 - IBAN NL75 ABNA 0520 0496 75 - BIC A 088 - IBAN NL79 ABNA 0520 0500 88 - BIC A	ABNANL2A	The Netherlands
		SD 10 – EUR 8 for administration costs and sen		
*VAT:	Belgium VAT of 21% is payable on all conference fees, regardless of the delegate's home country. Certain EU regulations permit VAT paid in member countries to be reclaimed. For further information please contact your local tax authorities.			
Payment:		t be received before April 15 th 2007. Later pay	ments will b	e subject to an
Cancellations:	Refunds for cancella	ions are subject to an administration fee of US the event for any reason, delegates will receive		
Date	e of payment:	Invoice required:	Yes	_ No
	Sig	nature:	-	

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