Registration Form

Please return the completed form to
EUROKONGRESS, Fax No. +49 (0)89 210986 98

48. Europäische Warenbörse
48. European Commodities Exchange
48. Bourse de Commerce Européenne
48. Borsa Europea del Commercio
48. Bolsa de Comercio Europea

Personal Details (please note that the written confirmation and invoice will be sent to this address)

Last Name: _____ First Name: _____

Company/Dept.: _____

Street: _____ Title: _____

Postal Code: _____ City: _____

Country: _____ E-mail: _____

Telephone: _____ Fax: _____

Registration (please indicate number of requested tickets and tick the respective box)

___ **x Exchange Day**
- ❑ 150,00 EUR+19% VAT=**178,50 EUR (until July 31)**
- ❑ 170,00 EUR+19% VAT=**202,30 EUR (from August 1)**

❑ free of charge as part of exhibitor **PLUS** or **PREMIUM package**

___ **x Gala Dinner** (150,00 EUR+19%VAT=**178,50 EUR**)

___ **x Exchange lunch** (40,00 EUR+19%VAT=**47,60 EUR**)

Social Programme

___ **x Tour 1** (Friday, 3.10.)
(50,00 EUR+19%VAT=**59,50 EUR**)

___ **x Tour 2** (Friday, 3.10.)
(80,00 EUR+19%VAT=**95,20 EUR**)

___ **x Tour 3** (Saturday, 4.10.)
(100,00 EUR+19%VAT=**119,00 EUR**)

If you want to register additional colleagues of your company, please fill in the respective names below.
Each person will receive a separate written confirmation/invoice via mail.

2nd person (Title, Name, Last Name): _____

3rd person (Title, Name, Last Name): _____

To register more than 3 people, please fill in a separate registration form or send us an E-mail.

Hotel reservation (please note that reservations can only be made for the period from **October 1 to 5, 2008**)

Hotel
1st choice: _____ 2nd choice: _____
(If the respective hotels are already fully booked, a hotel room within the next category will be reserved)

___ **x single room** ___ **x double room**
Date of arrival: _____ Date of departure: _____ No. of nights: _____

Credit Card Guarantee (must be completed if a hotel room is required)

❑ I authorize EUROKONGRESS to charge the following credit card **in case of a late cancellation or no-show.**
The hotel room has to be paid upon departure directly to the hotel.

Credit card: | | | | | | | | | | | | | | | | Expiry date: | | | | |

Credit card bearer: _____ Type of credit card: _____

Way of payment (payment will be made by)

❑ **Bank transfer:** Bank: HypoVereinsbank Munich, Account name: Bayerische Warenbörse
Account No. 667928117, Bank code 700 202 70, IBAN: DE57 7002 0270 0667 9281 17, BIC/SWIFT: HYVEDEMMXXX

❑ **Credit card:** I authorize EUROKONGRESS to debit my above mentioned credit card.

Your contact details will be published in the exhibitor list/list of participants (distributed during the event) and on the homepage www.ewb2008.com (from May 2008) to create the possibility of making appointments before the exchange day starts.
If you do not wish your data to be published, please tick the following box.

❑ ***I do not want my personal data to be published on the internet prior to the exchange day.***

I herewith accept the conditions of participation and cancellation, published on the homepage www.ewb2008.com.

City **Date** **Signature / Company stamp**