

DELEGATE REGISTRATION FORM

Cold Chain Logistics Education Program & Trade Show Crowne Plaza Hotel Bucharest, September 21-22, 2009

Delegate 1 First + Last name: _____

Spouse/Delegate 2 First + Last name: _____

Company: _____

Street: _____ Zip code: _____

City: _____ Country: _____

E-mail: _____ Phone: _____

Event registration

Sunday September 20

| | | à | Price/# persons |
|---------------|--------------------------------|-------------|-----------------|
| 13.30 – 17.30 | Sightseeing bus tour Bucharest | € 25 x | € _____ |
| 19.15 – 21.45 | Informal Dinner | € 33 x | € _____ |

Monday September 21 - Focus Sessions, Reception & Networking dinner

| | | | |
|---------------|---|----------------------------------|--|
| 08.15 – 11.00 | Facility visit | à € 25 x | € _____ |
| 11.00 – 13.15 | European Council Meeting <i>(IARW + ECSLA warehouse operators only)</i> | Free x | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11.00 – 13.15 | ECSLA Board Meeting <i>(by invitation only)</i> | Free x | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13.15 – 22.00 | Monday Conference Program <input type="checkbox"/> GCCA/ECSLA members or <input type="checkbox"/> Arola Frig members/local participants | à € 195 x à € 170 x | € _____ € _____ |
| 13.15 – 14.15 | Lunch buffet & Trade Show | Included | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 17.45 – 18.30 | Reception & Trade Show | Included | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19.30 – 22.00 | Conference Networking Dinner | Included | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Tuesday September 22 - Seminar & Networking lunch

| | | | |
|---------------|--|----------------------------------|--------------------|
| 08.15 – 09.00 | Breakfast buffet for all & Trade Show | Free | |
| 09.00 – 16.30 | Tuesday Conference Program <input type="checkbox"/> GCCA/ECSLA members or <input type="checkbox"/> Arola Frig members/local participants | à € 175 x à € 150 x | € _____ € _____ |

| | |
|--------------|---------|
| Total | € _____ |
|--------------|---------|

Payment

I will pay my registration fee by bank transfer within 8 days. Please send me an invoice for our financial administration.

I will pay my registration fee by credit card. Please send me an invoice for our financial administration.

Card type: Visa MasterCard American Express

| | | |
|--------------------|-----------------|-------------------------|
| Credit Card Number | Expiration Date | € Amount to charge in € |
|--------------------|-----------------|-------------------------|

Name on credit card

Authorized Signature

Please fax or email this form to:

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