



Annual Meeting 2003

MEETING REGISTRATION FORM

LAST NAME : FIRST NAME :

TITLE : ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. Other.....

COMPANY :

JOB TITLE :

ADDRESS :

CITY : ZIP CODE : COUNTRY :

TEL. : FAX : E-MAIL :

(Block letters)

• Will your spouse/partner accompany you ? ☐ Yes ☐ No

• Full name to be printed on badge :

Delegate :

Spouse/Partner :

• I / we will attend the

Cocktail on Sunday : ☐ Yes ☐ No

Happy Hour on Monday : ☐ Yes ☐ No

Buffet Dinner on Sunday : ☐ Yes ☐ No

Cocktail on Tuesday : ☐ Yes ☐ No

REGISTRATION FEES :

Non Member Delegate : ☐ 1.365 €

Spouse/Partner : ☐ 125 €

EXCURSION PROGRAMME

	Monday 29 September			Tuesday 30 September	
	Tickets needed	Price/ticket		Tickets needed	Price/ticket
Tour 1		165 €	Tour 5		165 €
Tour 2		165 €	Tour 6		100 €
Tour 3		100 €	Tour 7		100 €
Tour 4		100 €	Tour 8		100 €

PAYMENT OF REGISTRATION FEES/EXCURSIONS

☐ I have paid € by bank transfer to A/C n° 210-0388688-61, Fortis Banque, Agence Nations, Brussels Belgium
(SWIFT Code : GEBABEBB / IBAN Code : BE62210038868861)

☐ Please charge € to my credit card – A fee of 3% will be added to all credit card transactions

Credit card : ☐ Amex

☐ Mastercard/Eurocard

☐ Visa

☐ Diners

Card number :

Expiry date : /

Credit card holder name (Block letters) :

☐ VAT n° :

Belgian companies : Additional charge of 21% VAT in accordance with Art. 21, § 3, 7°, d) of Belgian VAT code

INVOICING ADDRESS (only if different from address mentioned above)

COMPANY : CONTACT :

ADDRESS :

CITY : ZIP CODE : COUNTRY :

VAT n° :

HOTEL BOOKING : ☐ I attach my Hotel Bedroom Booking form

☐ I do not need hotel accommodation

I agree on the registration cancellation clauses as mentioned in the Invitation Brochure.

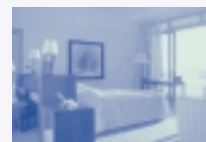
Signature : (Registration only valid if form signed)

EPCA use only
Date form received :

Please complete and return this form to :

EPCA - Meeting Administration, Avenue de Tervuren 149 Tervurenlaan - 1150 Brussels - Belgium

or by fax to n° 32 (0)2 741 86 80



Annual _____
Meeting 2003

HOTEL BEDROOM BOOKING FORM

(Not valid without Meeting Registration form)

LAST NAME : FIRST NAME :

COMPANY :

ADDRESS :

CITY : ZIP CODE : COUNTRY :

TEL. : FAX : E-MAIL :

(Block letters)

HOTEL PREFERRED :

1 st choice :	<input type="checkbox"/> Monte Carlo Grand	2 nd choice :	<input type="checkbox"/> Monte Carlo Grand	3 rd choice :	<input type="checkbox"/> Monte Carlo Grand
	<input type="checkbox"/> Columbus		<input type="checkbox"/> Columbus		<input type="checkbox"/> Columbus
	<input type="checkbox"/> de Paris		<input type="checkbox"/> de Paris		<input type="checkbox"/> de Paris
	<input type="checkbox"/> Hermitage		<input type="checkbox"/> Hermitage		<input type="checkbox"/> Hermitage
	<input type="checkbox"/> Méri dien Beach Plaza		<input type="checkbox"/> Méri dien Beach Plaza		<input type="checkbox"/> Méri dien Beach Plaza
	<input type="checkbox"/> Mirabeau		<input type="checkbox"/> Mirabeau		<input type="checkbox"/> Mirabeau
	<input type="checkbox"/> Monte Carlo Beach		<input type="checkbox"/> Monte Carlo Beach		<input type="checkbox"/> Monte Carlo Beach

Accommodation requested : ☐ Single Room ☐ Junior Suite
☐ Double Room ☐ Full Suite

EVERY ENDEAVOUR WILL BE MADE TO MEET ABOVE REQUESTS BUT NO GUARANTEE CAN BE GIVEN.

Arrival date : Departure date : N^o of nights :

Special requests/remarks :

HOTEL ROOM RESERVATIONS WILL BE CONFIRMED STARTING END JULY.

Notes : ☐ Delegates must settle hotel room charges at the hotel on departure.
☐ Meeting room requests should be made on the appropriate separate form.

CREDIT CARD DETAILS

- Credit card details must be accurately filled in to guarantee hotel bedroom booking.
No reservation will be confirmed without full details.
- Expiry date : In case your credit card is to be renewed, kindly advise us of new expiry date as soon as possible.

Credit card : ☐ Amex ☐ Mastercard/Eurocard ☐ Visa ☐ Diners

Card number : Expiry date : /

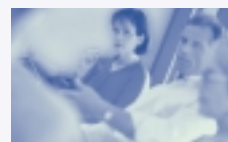
Credit card holder name (Block letters) :

I agree with above credit card being charged for payment of the hotel room.
I agree on the hotel room cancellation clauses as mentioned in the Invitation Brochure.

Signature : _____

EPCA use only
Date form received : _____

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Annual Meeting 2003

MEETING ROOM BOOKING FORM

(Not valid without Meeting Registration form)

LAST NAME : FIRST NAME :

COMPANY :
(Block letters)

HOTEL PREFERRED :

1 st choice :	<input type="checkbox"/> Monte Carlo Grand	2 nd choice :	<input type="checkbox"/> Monte Carlo Grand	3 rd choice :	<input type="checkbox"/> Monte Carlo Grand
	<input type="checkbox"/> de Paris		<input type="checkbox"/> de Paris		<input type="checkbox"/> de Paris
	<input type="checkbox"/> Hermitage		<input type="checkbox"/> Hermitage		<input type="checkbox"/> Hermitage
	<input type="checkbox"/> Méri dien Beach Plaza		<input type="checkbox"/> Méri dien Beach Plaza		<input type="checkbox"/> Méri dien Beach Plaza

I wish my meeting room to be in the same hotel as my bedroom : ☐ Yes ☐ No

APPROXIMATE NUMBER OF PEOPLE :

DATES REQUESTED :

EVERY ENDEAVOUR WILL BE MADE TO MEET ABOVE REQUESTS, BUT NO GUARANTEE CAN BE GIVEN.

The list of all allocated meeting rooms will be available in the delegate's registration pack in Monaco and posted in all EPCA hotels. Delegates who do not wish their meeting room to appear on said list should explicitly inform the EPCA office of same in writing.

I wish my meeting room to be published as follows :

☐ Solely private use ☐ Meetings by appointment only ☐ "Open" meetings

MEETING ROOM RESERVATIONS WILL BE CONFIRMED STARTING END JULY

Note : Delegates must settle meeting room charges at the hotel on departure.

CREDIT CARD DETAILS

- Credit card details must be accurately filled in to guarantee meeting room booking.
No reservation will be confirmed without full details.
- Expiry date : In case your credit card is to be renewed, kindly advise us of new expiry date as soon as possible.

Credit card : ☐ Amex ☐ Mastercard/Eurocard ☐ Visa ☐ Diners

Card number : Expiry date : /

Credit card holder name (Block letters) :

I agree with above credit card being charged for payment of the meeting room.

I agree on the meeting room cancellation clauses as mentioned in the Invitation Brochure.

Signature :

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Annual Meeting 2003

SAILING REGATTA

SUNDAY 28 SEPTEMBER • 09h30 • YACHT CLUB DE MONACO

NAME : 1 2
(Spouse/Partner)

COMPANY :
(Block letters)

I/we intend participating in the sailing regatta as :

		1	2
Skipper	yes	<input type="checkbox"/>	<input type="checkbox"/>
	no	<input type="checkbox"/>	<input type="checkbox"/>
Crew member	yes	<input type="checkbox"/>	<input type="checkbox"/>
	no	<input type="checkbox"/>	<input type="checkbox"/>

Note : A maximum of 30 participants can be accepted.

NO-SHOWS WILL HAVE TO PAY A PENALTY OF 50 €.

Taking part in these events is at sole risk and responsibility of participants with no liability for EPCA.

Signature :

EPCA use only
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Annual Meeting 2003

GOLF COMPETITION

SUNDAY 28 SEPTEMBER • 08h30 • GOLF COUNTRY CLUB DE SAINT DONAT

NAME : 1 2
(Spouse/Partner)

COMPANY :
(Block letters)

		1		2
Rental of clubs	yes	<input type="checkbox"/>	right-handed	<input type="checkbox"/>
		<input type="checkbox"/>	left-handed	<input type="checkbox"/>
	no	<input type="checkbox"/>		<input type="checkbox"/>
Rental of trolley	yes	<input type="checkbox"/>		<input type="checkbox"/>
	no	<input type="checkbox"/>		<input type="checkbox"/>

Handicap(s): 1
2

Home Golf Club:

It is advisable to have your official handicap card with you. Maximum handicap is 30.

Note : A maximum of 50 players can be accepted.

NO-SHOWS WILL HAVE TO PAY A PENALTY OF 50 €.

Taking part in these events is at sole risk and responsibility of participants with no liability for EPCA.

Signature :

EPCA use only
Date form received :



Annual _____
Meeting 2003

TENNIS TOURNAMENT

SUNDAY 28 SEPTEMBER • 09h00 • MONTE CARLO COUNTRY CLUB

NAME : 1 2
(Spouse/Partner)

COMPANY :
(Block letters)

		Yes	No
I/we intend participating in the training session	1	<input type="checkbox"/>	<input type="checkbox"/>
on Saturday, 27 September	2	<input type="checkbox"/>	<input type="checkbox"/>

Note : A maximum of 50 players can be accepted.

NO-SHOWS WILL HAVE TO PAY A PENALTY OF 50 €.

Taking part in these events is at sole risk and responsibility of participants with no liability for EPCA.

Signature :

EPCA use only
Date form received :



FUN RUN

EPCA use only
Date form received :

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Annual Meeting 2003

EXCURSION PROGRAMME

NAME :

COMPANY :
(Block letters)

MONDAY 29 SEPTEMBER

- | | | | |
|---------------------------------|--------------------------------------|--|------------|
| <input type="checkbox"/> Tour 1 | Fun Sailing on a Giant Catamaran | Departure 09h30 - Return 17h30 | (full day) |
| <input type="checkbox"/> Tour 2 | Hiking in the Monte Carlo Hinterland | Departure 09h00 - Return 16h00 | (full day) |
| <input type="checkbox"/> Tour 3 | Oenology Course at Château de Crémat | Departure 14h00 - Return 17h30 | (half day) |
| <input type="checkbox"/> Tour 4 | The Thermes Marins of Monte Carlo | Sign-up times to be advised individually | (half day) |

TUESDAY 30 SEPTEMBER

- | | | | |
|---------------------------------|------------------------------------|--|------------|
| <input type="checkbox"/> Tour 5 | Extravagance of the "Belle Epoque" | Departure 09h45 - Return 16h30 | (full day) |
| <input type="checkbox"/> Tour 6 | Cooking Class in Mougins | Departure 09h00 - Return 13h00 | (half day) |
| <input type="checkbox"/> Tour 7 | Aromatherapy Course in Eze | Departure 14h00 - Return 17h30 | (half day) |
| <input type="checkbox"/> Tour 8 | The Thermes Marins of Monte Carlo | Sign-up times to be advised individually | (half day) |

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