



Conference Registration Form

29 September – 1 October 2010 | Dolce Sitges Resort | Barcelona, Spain

If paying by check, complete registration form must be mailed with check enclosed.

Make checks payable to ATP. You may also register online at <http://eatpconference.org/register/>

*FIRST NAME: _____ *LAST NAME: _____

*TITLE: _____ DEGREE INITIALS: _____

*COMPANY: _____

*ADDRESS 1: _____ ADDRESS 2: _____

*COUNTRY: _____ *CITY: _____

*STATE/PROVINCE: _____ *POSTAL CODE: _____

*TELEPHONE: () _____ FAX: () _____

*E-MAIL ADDRESS: _____

Delegate/Guest Registration

- Delegate - €475
- Guest - €100 (Includes admittance to all meals and evening functions)

Guest Full Name: _____

Total Fee to be Charged:

€ _____

Method of Payment

VISA MASTERCARD AMEX CHECK# _____

CC# _____ Expiration Date: _____

Cardholder Name: _____

Signature: _____

Billing Address

Address 1: _____

Address 2: _____

Country: _____ City: _____

State/Province: _____ Postal Code: _____

Register by returning this form with payment to Designing Events:

Fax: +1-410-654-5335 Mail: E-ATP Conference Registration C/O Designing Events - 10811 Red Run Blvd., Suite 204, Owings Mills, MD 21117 USA

Questions? Contact Designing Events at ATP@DesigningEvents.com or by calling +1-410-654-5525 www.eatpconference.org