

REGISTRATION FORM

Details

Mr. – Mrs. Family name:

First name:

Position:

Company:

Address:

City:

Zip Code:

Country:

Tel.:

Fax:

E-mail:

My company is member of a National Association of:

☐ Eurofinas ☐ Leaseurope

☐ My company is not member of a National Association of Eurofinas and/or Leaseurope

Date of arrival:

Date of departure:

Name of the accompanying person(s):

Hotels

Hilton Antwerp

☐ Deluxe Single 185 eur

☐ Double/Twin 185 eur

☐ Junior Suite / Executive suite 335 / 421 eur

Radisson SAS Park Lane Hotel

☐ Deluxe Single 182 eur

☐ Double/Twin 182 eur

☐ Junior/Executive Suite 270 eur

Theater Hotel

☐ Single Superior 130 eur

☐ Double Superior 150 eur

These rates are per room, per night, buffet breakfast and VAT included. Delegates will be responsible for all hotel charges upon their departure. A coach shuttle will be organized from the other hotels to the conference hotel Hilton Antwerp.

Social Programme

Please indicate which activity you will be attending by ticking the appropriate box.

	Participant	Accompanying person
The Cocktail hosted by sponsors 01/10/2006	<input type="checkbox"/>	<input type="checkbox"/>
The Gala Evening 02/10/2006	<input type="checkbox"/>	<input type="checkbox"/>
The Partners' Programme 02/10/2006		<input type="checkbox"/>
The Farewell Lunch 03/10/2006	<input type="checkbox"/>	<input type="checkbox"/>

Registration fees

> 1250 euros per conference delegate > 375 euros per accompanying person.

Payment of fees

Registration fees are to be paid before the conference only by bank transfer in euro to: *(before September 8, 2006)*

• **LEASEUROPE ANNUAL CONFERENCE**

account Nr. IBAN: BE70 3100 0111 9125
Code BIC: BBRUBEBB at the ING Bank Belgium,
1 rue du Trône, B - 1000 Brussels
(from Belgium: transfer to account 310 0011191 25)

or

• **EUROFINAS ANNUAL CONFERENCE**

account Nr. IBAN: BE88 3100 0106 2541
Code BIC: BBRUBEBB at the ING Bank Belgium,
1 rue du Trône, B - 1000 Brussels
(from Belgium: transfer to account 310 0010625 41)

Please indicate clearly the full name of the conference delegate and company name on the transfer slip.

Miscellaneous

Please specify any special dietary requirements (delegate and accompanying person)

☐ vegetarian ☐ no salt diet ☐ other:

Please indicate if any special measures are required for transport/access to locations

☐ visual impairment ☐ wheelchair ☐ other:

Please return this form to:

EUROFINAS / LEASEUROPE

Avenue de Tervuren, 267 · B – 1150 Brussels · Tel.: +32 (0)2 778 05 60 · Fax: +32 (0)2 778 05 79
i.vermeersch@eurofinas.org · i.vermeersch@leaseurope.org

Deadline for registration: September 8, 2006