

## FIORANO PARTNER CONFERENCE

### Event Registration Form

Please sign and return the form to us via fax at +44 (0) 1932 325413 or  
Email a scanned version to us at [partners@fiorano.com](mailto:partners@fiorano.com)

Name of the Company: \_\_\_\_\_  
\_\_\_\_\_

Name of the Attendee (1): \_\_\_\_\_  
\_\_\_\_\_

Name of the Attendee (2): \_\_\_\_\_  
\_\_\_\_\_

Email ID: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Registration Fee Payment Details:  
Registration Fee = €100 + VAT per person  
(Will be charged in equivalent US\$)

Description	Details
<b>Credit Card No.</b>	:
<b>Type</b>	: Visa / MasterCard / American Express
<b>Expiration Date</b>	:
<b>Name on Card</b>	:
<b>Address</b>	: :
<b>Authorization/CVV</b>	:

Signature  
(Name in Block Letters)

Date: