

## Please complete and return to Conference Office !

Conference Office, Stadionplein 65 HS, 1076 CJ Amsterdam.  
Fax +31(0)20 4286753, +31(0)842243250 E conference@tbli.org

# REGISTRATION

**MR/MS FIRST NAME** \_\_\_\_\_ **LAST NAME** \_\_\_\_\_

**JOB TITLE** \_\_\_\_\_

**COMPANY** \_\_\_\_\_ **DEPARTMENT** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**ZIP/POSTAL CODE** \_\_\_\_\_ **CITY** \_\_\_\_\_

**STATE/COUNTRY** \_\_\_\_\_ **COUNTRY** \_\_\_\_\_

**E-MAIL** \_\_\_\_\_ **WEBSITE** \_\_\_\_\_

**TELEPHONE** \_\_\_\_\_ **FAX** \_\_\_\_\_

**I HEARD ABOUT THIS CONFERENCE FROM** \_\_\_\_\_

**INDUSTRY**  Chemical  Communication  Consulting  Consumer  Developing Markets  Energy  
please tick boxes  Environment  Financial Services  Food, Paper & Pulp  ICT  Industry  Internet  
 Life Science  Transport  Other \_\_\_\_\_

**FIELDS OF INTEREST**  CSR  SRI

**I WISH TO PARTICIPATE IN THE TBLI CONFERENCE 2008 ON:**

Nov. 13-14  Nov. 13  Nov. 14

**DISCOUNT OPTIONS**  NGO  Academic  Government  Trade Union

**ATTENDING DINNER ON NOV. 13 YES / NO**  vegetarian meal

**SPOUSE ATTENDS DINNER, NAME** \_\_\_\_\_  vegetarian meal

**PARALLEL SESSION NOV. 13 Part I** \_\_\_\_\_

**PARALLEL SESSION NOV. 13 Part II** \_\_\_\_\_

**PARALLEL SESSION NOV. 14 Part III** \_\_\_\_\_

**PARALLEL SESSION NOV. 14 Part IV** \_\_\_\_\_

**I CONFIRM THAT I HAVE READ AND AGREE TO THE TERMS AND CONDITIONS**

**PAYEMENT**  Please sent me an invoice  Please debit my creditcard  
 Eurocard/Mastercard  Visa  Amex  Diners

**CARD NUMBER** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **VALID UNTIL** \_\_\_\_\_ / \_\_\_\_\_

**TOTAL EURO** \_\_\_\_\_ **DATE** \_\_\_\_\_

**NAME** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_