

**Please return this form to:**

AEGPL 2015 – MCI France – 24 Rue Chauchat – 75009 Paris – France  
Tel: +33 (0) 1 53 85 82 74 – Fax: +33 (0) 1 53 85 82 83 – E-mail: registration@aegpl2015.com  
You can also easily and quickly register online at: [www.aegpl2015.com](http://www.aegpl2015.com)

**PLEASE COMPLETE THIS FORM IN CAPITAL LETTERS — ONE FORM PER DELEGATE**

**Delegate**

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name/Family Name: \_\_\_\_\_

Company/Organisation: \_\_\_\_\_

Business Position: \_\_\_\_\_

Company Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

I do NOT wish for my name to appear on the participants list distributed to attendees, sponsors and exhibitors.

**Spouse**

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name/Family Name: \_\_\_\_\_

**A – REGISTRATION FEES: All rates are in euros (€) and include German 19% VAT (as per date of printing).**

Members of the DVFG (German LPG Association) should contact the DVFG secretariat for registration

Contact: Ms. Alexandra Krämer – a.kraemer@dvfg.de

REGISTRATION CATEGORY	UNTIL 20 MARCH, 2015	FROM 21 MARCH, 2015 TO 19 MAY, 2015 <small>After 6 May, payments by credit card only</small>	ON SITE, 20-21 MAY, 2015
AEGPL Member (1)	<input type="checkbox"/> €1,190	<input type="checkbox"/> €1,360	<input type="checkbox"/> €1,530
Non AEGPL Member	<input type="checkbox"/> €1,360	<input type="checkbox"/> €1,530	<input type="checkbox"/> €1,700
Government (2)	<input type="checkbox"/> €910	<input type="checkbox"/> €1,020	<input type="checkbox"/> €1,135
Exhibitor (3)	<input type="checkbox"/> €400	<input type="checkbox"/> €450	<input type="checkbox"/> €510
Spouse (4)	<input type="checkbox"/> €280	<input type="checkbox"/> €300	<input type="checkbox"/> €335

(1) One member rate delegate is allowed per direct fee-paying AEGPL Member.

(2) This category is restricted to full-time national and local government, intergovernmental and EU representatives. Please send an official mission statement from your agency along with this form in order to benefit from this rate.

(3) Representatives of exhibiting company. Rate limited to a maximum of four people representing the exhibiting company on the booth.

(4) Spouse registration is available to bona fide spouses of paying delegates only.

**TOTAL A: ..... EUROS**

\*Please indicate your company's VAT registration number, TAX number or TAX identification number as applicable (mandatory): \_\_\_\_\_

**B - SOCIAL EVENTS/LUNCHES**

Reservation for social events and lunches is required. Please indicate below your intention to attend them. If intention is not expressed, no seats will be reserved. Important: there are limited seats for the Gala Dinner; kindly note that reservations for this event will be taken on a first come first served basis.

LUNCH & DINNER	DATE	DELEGATE	SPOUSE
Gala Dinner (Included in registration fees)	Wednesday, 20 May, 2015	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Gala Dinner ticket	Wednesday, 20 May, 2015	<input type="checkbox"/> €150	
West Berlin City Tour*	Wednesday, 20 May, 2015 2:00pm - 5:00pm	-	<input type="checkbox"/> Yes <input type="checkbox"/> No
West Berlin City Tour*	Thursday, 21 May, 2015 10:00am - 1:00pm	-	<input type="checkbox"/> Yes <input type="checkbox"/> No

\*Please choose one of the two options.

**Note to AEGPL & DVFG Members:** In order to reserve their seat for the Members' Dinner, registered Member company representatives and spouses will receive an invitation coupon separately.

**TOTAL B: ..... EUROS**

## C - HOTEL RESERVATION

	Category	Hotels	Room Type	Single Room	Double Room
1	5*	Sofitel Berlin Kurfurstendamm	Luxury room	☐ €208,25	☐ €232,05
2	4*	Steigenberger Hotel	Superior room	☐ €153,34	☐ €174,35
3	4*	Swissotel Berlin	Classic room	☐ €153,46	☐ €163,46
4	3*	Ibis Berlin Messe	Standard room	☐ €137,89	☐ €147,88

Rates include breakfast and VAT and exclude city tax which is not applicable for business related travel. The hotel secretariat invoice for the hotel stay will act as proof of such purpose.

Check-in date: \_\_\_\_\_

Check-out date: \_\_\_\_\_

Rate per night for selected hotel: ..... EUR

N° of nights: : .....X..... EUR

**TOTAL C: ..... EUROS**

In case of unavailability please give us a second choice for your hotel: \_\_\_\_\_

### Cancellation conditions:

Cancellations must be notified in writing to the Congress Secretariat and are subject to the following conditions:

#### For registration:

- For cancellations received up to 6 March, 2015: €100 will be withheld for administration fees.
- For cancellations received from 7 March, 2015: no refunds will be issued.

#### For accommodation:

- For cancellations received up to 20 March, 2015: €100 will be withheld for administration fees.
- For cancellations received from 21 March, 2015: no refunds will be issued.

## D - PAYMENT

**TOTAL TO BE PAID A + B + C: ..... EUROS**

Credit card:  VISA  MASTERCARD  EUROCARD  AMERICAN EXPRESS

I authorise the Organising Secretariat to debit my card for the amount indicated here above.

Number: |\_\_\_\_\_| |\_\_\_\_\_| |\_\_\_\_\_| |\_\_\_\_\_| |\_\_\_\_\_| |\_\_\_\_\_| |\_\_\_\_\_| |\_\_\_\_\_| |\_\_\_\_\_| |\_\_\_\_\_| |\_\_\_\_\_| |\_\_\_\_\_|

Expiry Date (MM/AA): |\_\_\_\_\_| |\_\_\_\_\_| / |\_\_\_\_\_| |\_\_\_\_\_| | Card verification code: |\_\_\_\_\_| |\_\_\_\_\_| |\_\_\_\_\_| |\_\_\_\_\_|

(3 last digits on the back of Visa/MasterCard, 4 last digits on the front of AMEX)

Cardholder name and signature: \_\_\_\_\_

Bank transfer in Euro made out to AEGPL 2015 C/O MCI France (Please reference the delegate's name/group's name of your remittance)

Le Crédit Lyonnais – Direction Entreprise – 19 boulevard des Italiens – 75002 PARIS  
Bank Code: 30002 – Branch Code: 05 666 – Account Number: 000 006 049 0S87  
IBAN: FR05 3000 2056 6600 0006 0490 S87 – BIC: CRLYFRPPXXX

**Banking fees must be paid by delegates.**

Cheque payable in EUROS (€) to the order of AEGPL 2015 c/o MCI France

**Please note that after 6 May, 2015 only payments by credit card will be accepted.**

I hereby accept all registration and hotel reservation conditions of the Congress and agree for the payment corresponding to my requests.

NAME (capital letter): \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

