



AFF Europe 2015
29th – 30th April 2015
Zadar | Croatia



AFF15 – PRESS DELEGATE BOOKING FORM

CONTACT INFORMATION			
First Name:			
Last Name:			
Position/Job Title:			
Company/Organisation:			
Full Address:			
Postcode/Zip:		Country:	
Tel:		Fax:	
Mobile:		Email:	
PRESS DELEGATE PLACE			
Registration:	<input type="checkbox"/> I confirm that I would like to attend AFF15 as a Press Delegate		
Terms & Conditions: <ul style="list-style-type: none">• Your complimentary place includes entry to the conference sessions, meals & refreshments during the hours of the conference• All cancellations must be made in writing no later than 48 hours before the event• Substitution of press places is permitted if a suitable replacement attends & provided that we are informed in advance• Programme changes – it may be necessary to change the speakers, topics & sometimes the timings of the programme for reasons beyond our control. We cannot be held liable for these changes should they occur			

Signed: _____ Print Name: _____ Date: _____

Please email / fax this form to Julia Guy
Email: jguy@tangentlink.com Fax: +44 (0) 1628 660622