

4TH JOINT BUSINESS SCHOOL ALUMNI CONFERENCE 2010

Fax Registration

Participant: Last Name: _____
First Name: _____
Company: _____
Job Title: _____
School: _____

Billing Address: Company: _____
Street: _____
Zip Code: _____
City: _____
Country: _____

Conference Fee (check box): CHF 520.-/p. for 2+ registrations (until August 30, 2010)
 CHF 550.- (early bird until July 31, 2010)
 CHF 740.- (after July 31, 2010)
 CHF 185.- (JAC Gala Dinner)
 CHF 140.- (JAC Golf Cup)

If more than 2 registrations: First Name/Last Name: 1. _____
2. _____
3. _____

Cancellation Policy (check box): - before August 30, 2010: 70% refund
- after August 30, 2010: 50% refund
- after September 15, 2010: no refund

I AGREE

First Name/Last Name

Location/Date

Signature

Fax to: +41 (43) 430 20 14