

CONFERENCE REGISTRATION FORM

*Please print and return by e-mail, regular mail or fax.
Please print your name as you wish it to appear on your badge and the directory of participants.*

Date: October 21-22, 2005
Place: Marriott Bethesda North Hotel & Conference Center
5701 Marinelli Road, North Bethesda, MD 20852

1. Participants information

Last name: _____

Title: _____ Prof. Dr. other: _____ Mr. Ms. Mrs.

First name: _____

Organization: _____

Address: _____

City: _____ Zip code: _____

Country: _____

Telephone: _____

Fax: _____ E-mail: _____

2. Organization Information

Organization Description

Company Assets _____ Company Income _____

What connection does the organization wish to establish and achieve in this conference?

- Raising Capital Joint Venture Establish Franchise/Chain
 Finding Retailers Technology Transfer Merger/Acquisition
 Strategic Alliance Importing/Exporting

3. Conference Fee

Conference fees include admission to conference sessions, lunches, proceedings, registration materials and entrance to receptions. Cost of lodging and transportation are additional. Marriott offers a special rate of \$109 plus Tax to conference attendees. Please specify the dates and # of rooms required in this registration form.

| | Before September 15, 2005 | After September 15, 2005 |
|---|---------------------------|--------------------------|
| Conference October 21 st to 22 nd 2005 (Including Luncheon on both days and the Closing Dinner) - Best Value | \$400 | \$450 |
| Two day Conference Pass only (without luncheon and dinner) | \$250 | \$300 |
| One day Conference Pass | \$125 | \$150 |
| EXPO Exhibitor | \$250 | \$300 |
| Lunch Pass | \$50/lunch | \$50/lunch |
| Dinner Pass | \$80 | \$100 |
| Hotel Accommodation | \$109+tax/day | \$109+tax/day |

4. Payment Methods

Payment information

Conference fee: \$ _____

2 Day Pass fee: \$ _____

1 Day Pass fee: \$ _____

EXPO Exhibitor fee: \$ _____

Luncheon and Dinner: \$ _____

Hotel Accommodation: \$ _____

of Rooms _____, Check in Date _____, Check out Date _____

Total fees: \$ _____

I will pay the amount:

By check

By credit card: Master Visa

Credit card number: _____ / _____ / _____ / _____

Expiration date: _____ / _____ CVC Code* _____

Cardholder Name: _____

**MasterCard holders: please note that you need to fill out your CVC code as well. This is a 3-figure code on the back of your credit card following the credit card number.*