



Communicating Process Architectures 2017

Participant Registration Form

Conference dates: 20th to 23rd August 2017

Conference venue: The Victoria Hotel, Borg Olivier Street, Sliema, Malta

To register for CPA 2017, kindly complete this form and email to cpa2017-reg@wotug.org, together with payment details for your registration fee (see below).

Please note that the registration fee does not include accommodation, which must be booked separately. A number of rooms at the conference venue (the Victoria Hotel, <http://victoriahotel.com>) are available at a preferential rate of Euro 135 (single occupancy) and Euro 145 (twin/double occupancy) on a *first-come first-serve* basis. To get this rate at the Victoria Hotel, please use the promotional code "cpa2017".



Participant Details

Surname: _____

First Name: _____

Institution: _____

Email: _____

Conference Registration Fee: EUR 250 including VAT at 18%

Payment may be made by bank transfer or credit card. Payments will be processed by AX Hotel Operations Ltd and acknowledged by email.

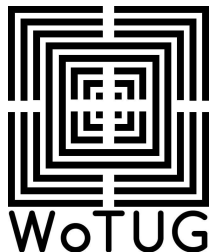
Payment Method. bank transfer

Account Name: AX Hotel Operations Ltd
Account Number: 400 18833 070
IBAN: MT 31 VALL 22013 000 000 0 40018833070
SWIFT: VALLMTMT
Reference note: "Registration for CPA 2017"

Please attach a scanned copy of your bank transfer receipt showing payment. Please include your name with this receipt.

Payment Method. credit/debit card.

Please complete the form on the next page and follow the instructions for delivery. In your covering email (attaching this form to cpa2017-reg@wotug.org), please say you have paid by this method.



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Attn: Alexia Camilleri, Sylvain Azzopardi and Jolene D'Anastasi, Sales, AX Hotels

Credit Card Payment Form

To pay the conference fee by credit card, complete this form and either a) fax to +356 22621000, or b) scan and e-mail to sales.sliema@axhotelsmalta.com with the subject "CPA 2017 Conference Fee". Payments will be processed by AX Hotel Operations Ltd and acknowledged by email.

CPA 2017 Conference Fee: EUR 250 including VAT at 18%

Card Type: VISA MasterCard American Express

Card Number: _____

Expiry Date: ____ / ____

Name on Card: _____

Signature: _____

Email: _____