International Antivirus Testing Workshop
Hotel Saga, Reykjavik, Iceland
15th – 16th May 2007

Registration Form

Please FAX to +354 540 7401 or scan and email to workshop2007@f-prot.com

Deadline for registration is Friday, 13th April 2007. Please print clearly.

Name of Participant: _____

Organization: _____

Position: _____

Company Address: _____

_____

Tel: _____

E-mail: _____

- ☐ International Antivirus Testing Workshop (US$ 400)
- ☐ Evening Get-Together: Short Sightseeing, Blue Lagoon & Dinner (US$ 100)
- ☐ Evening Get-Together, Spouse (US$ 100)

Please charge my Visa ☐ Mastercard ☐ for total amount of _____

Card number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

3-digit security code (on reverse of card) ☐☐☐

Expiry Date ☐☐/☐☐

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☐ Please tick here if you require vegetarian food.
If you have any other dietary requirements you wish to notify us about, please advise:
_____
_____

Booking Information

Payment must be made with your registration. FRISK Software accepts Mastercard and VISA. When paying by credit card, please include the billing address as it appears on your monthly statement. The registration booking will not be accepted as a confirmed booking until payment is received in full.

Signature: _____

Date: _____