



APRA European Symposium 2018

19 - 20 April 2018

Hotel SOFITEL Budapest Chain Bridge, Budapest, Hungary

REGISTRATION FORM

I will attend APRA European Symposium 2018:

Name: _____
Company name: _____
Company address: _____
City: _____ Province/State: _____ Zip/Postal Code: _____
Country: _____ Email address: _____
Phone: _____ Fax: _____

I am registering as existing APRA member **499 EUR**
(membership status will be verified)
 non-member **999 EUR**

I am registering for the following events (*registration is binding; no access without registration*):

- | | Fee |
|--|------------|
| <input type="checkbox"/> 18 April 2018:
Welcome get-together networking opportunity (18:00 - 21:00)
<i>Get-together with industry experts and free drinks for registered visitors.</i> | included |
| <input type="checkbox"/> 19 April 2018:
Symposium (9:00 - 17:00)
<i>Including coffee breaks and buffet style, standing lunch.</i> | included |
| <input type="checkbox"/> APRA reception and gala dinner (18:00 - 22:00)
<i>Including free drinks and buffet style, seated European Gala Dinner.</i> | included |
| <input type="checkbox"/> 20 April 2018:
Plant tour to Remy (~07:00 - 14:00)
<i>Bus transport to Miskolc included; bus stops on return at Budapest airport and SOFITEL hotel.
If registrant does not show up a processing charge of 200 EUR per person applies and will be invoiced.</i> | included |

I accept that my registration is binding

Signature: _____



Cancellation policy:

Registration cancellations received by written request prior to March 16, 2018 entitle registrant to full refund of registration fee. No refunds will be made after that date.

Hotel reservations:

Symposium fees do not include hotel accommodation.

For hotel reservations please visit www.apra.org/2018Symposium and download hotel booking form.

Hotel cancellation needs to be done directly with the hotel.

Sponsorship opportunities:

For sponsorship opportunities please contact Dr. Michael Haumann: europa@apra.org

Payment:

Please charge my: VISA MasterCard American Express

Card No. _____

Exp. Date _____ Security Code _____

Cardholder's Name _____

Signature _____

Credit card payments will be processed in USD. Exchange rate on date of payment applies.

Wire transfer (only EUR): (registration fee is due upon registration; no access without payment)

EURO WIRE TRANSFER (Euros Only)
Final Beneficiary Name: Automotive Parts Remanufacturers Association
Intermediary Bank Name: Citigroup Global Markets Deutschland AG
Intermediary Bank Address: Reuterweg 16, 60323 Frankfurt am Main, Germany
Intermediary Bank BIC : CITIDEFF
Beneficiary Bank : PNC Bank N.A.
Beneficiary Bank Address: 249 Fifth Avenue, Pittsburgh, PA 15222
Beneficiary Bank Swift BIC: PNCCUS33
Bank Account : DE43502109004113817009
Final Beneficiary Address: 7250 Heritage Village Plaza, #201 Gainesville Virginia USA 20155
Final Beneficiary Account : 781002484

PLEASE RETURN REGISTRATION FORM BY EMAIL TO: europa@apra.org