



PRESS AGREEMENT

ALFI Conferences 2010

JOURNALIST REGISTRATION FORM

I would like to attend and cover the

[Name of ALFI conference] _____

On [Date]: _____

Journalist name:	Mr./Ms
Job title:	Journalist <i>(see conditions below)</i>
Company/Publication name: <i>(under which you wish to be listed)</i>	
Address: <i>(Street, Postal Code, City, Country)</i>	
Phone:	
Fax:	
E-mail:	
Website:	

I agree to the following general conditions for journalist attendance:

ALFI offers **ONE free press pass per newspaper** or magazine and the press passes are **exclusively reserved to journalists covering the conference**. ALFI will not be able to deliver press passes to advertising managers or administrative staff of any publication.

Signature

Please return to ALFI:

FAX: +352 223093

Internal Management information:	Journalist
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