

## 2007 REGISTRATION FORM

Surname:	First name:	Mr. / Ms.
Title/Position	Organisation/Ministry:	
Mailing address:		Country/Postal Codes:
Tel: +	Fax: +	e-mail:

 **EU Negotiations 1: Specialised Techniques for Council and Committees (4 full days)** **€1200.-**

<b>Registration</b>	<b>Enrolment deadline</b>
<input type="checkbox"/> 12-15 March 2007 ( <i>Brussels</i> )	26 February
<input type="checkbox"/> 25-28 September 2007 ( <i>Vienna</i> )	10 September

 **EU Negotiations 2: Fine-Tuning Tactics and Techniques for EU Meetings (2 full days)** **€600.-**

<b>Registration (Brussels)</b>	<b>Enrolment deadline</b>
<input type="checkbox"/> 19-20 March 2007	5 March
<input type="checkbox"/> 25-26 June 2007	11 June
<input type="checkbox"/> 29-30 October 2007	15 October

 **EU Negotiations 3: Negotiating Skilfully in Europe and at Home (3 full days)** **€900.-**

<b>Registration (Brussels)</b>	<b>Enrolment deadline</b>
<input type="checkbox"/> 23-25 July 2007	9 July
<input type="checkbox"/> 24-26 October 2007	8 October

 **International Negotiations 1: Applied Skills for Efficiency and Influence (4 evenings)** **€600.-**

<b>Registration (Brussels)</b>	<b>Enrolment deadline</b>
<input type="checkbox"/> 26-29 June 2007	11 June
<input type="checkbox"/> 3-6 December 2007	19 November

 **International Negotiations 2: Living Communication (2 evenings)** **€300.-**

<b>Registration (Brussels)</b>	<b>Enrolment deadline</b>
<input type="checkbox"/> 5-6 March 2007	19 February
<input type="checkbox"/> 2-3 April 2007	19 March
<input type="checkbox"/> 11-12 June 2007	29 May
<input type="checkbox"/> 1-2 October 2007	17 September
<input type="checkbox"/> 26-27 November 2007	12 November

### HOTEL BOOKING FORM

Would you like us to help you with the hotel reservation? YES NO

**Brussels:** Park Hotel, 21 Ave. de l'Yser, B-1040 Brussels, €150.- pp/night / incl. breakfast & taxes  
 **Vienna:** Hotel Johann Strauss, Favoritenstrasse 12, A-1040 Vienna, €88.- pp/night / incl. breakfast & taxes  
 If yes, Date of arrival \_\_\_\_\_ and departure \_\_\_\_\_

Place and date \_\_\_\_\_ Signature \_\_\_\_\_

**Please return this form to: CENAD, Rue Abbé Cuyppers 3, B-1040 Brussels, BELGIUM, fax: + 32 2 734 79 10**