



IFAST 17
REGISTRATION & PAYMENT FORM
Washington , DC, USA
23-24 October 2001



Last Name	First Name	Telephone #
------------------	-------------------	--------------------

Company

Address	City	State/Province
----------------	-------------	-----------------------

Zip/Postal Code	Country
------------------------	----------------

Fax#	E-Mail Address
-------------	-----------------------

NOTE: IN THE EVENT YOU NEED TO CANCEL, PLEASE SEE THE CANCELLATION POLICY BELOW.

Registration Fee \$150US

Payment:

- American Express MasterCard Visa Check Cash on site

Credit Card No. _____ Expiration Date _____

Authorized Signature _____
(Actual Signature Required)

Please send registration & payment to: Alliance for Telecommunications Industry Solutions (ATIS)
1200 G Street, NW, Suite 500
Washington, DC 20005 USA
Attention: Megan Hayes, Phone +1-202-662-8653
Or you may fax this information to: **(202) 393-5481** (secure fax)

Registering with ATIS only secures your eligibility to attend the IFAST 17 meeting.

Cancellation Policy:

A registered participant may either (i) receive a refund of the fee paid, minus a fifteen dollar (\$15.00) processing fee, if ATIS is notified in writing of the cancellation prior to seven (7) calendar days from the start of the meeting. If a participant must cancel his or her registration during the seven (7) seven day period preceding the start of the meeting, the participant may only transfer the fee paid to an unregistered participant from the same company.

Address cancellation notifications to: ATIS, 1200 G Street NW, Suite 500, Washington DC 20005 Attention: Megan Hayes, Fax # (202) 393-5481, Phone (202) 434-8827

ADA Compliance: It is the policy of ATIS to ensure that all of our activities are accessible to qualified persons with disabilities in accordance with the Americans with Disabilities Act. If you need special accommodations to fully participate, please provide a written description and attach.