

TRANSLOG connect congress

2016 BUDAPEST
23-24 NOVEMBER

TRANSPORTATION, LOGISTICS & SUPPLY CHAIN
CONGRESS FOR ENLARGED EUROPE



REGISTRATION FORM

TRANSLOG CONNECT CONGRESS 2016

VENUE: *****CORINTHIA Grand Hotel Royal Budapest, Hungary

DATE: 23-24 November 2016

PLEASE COMPLETE THIS FORM AND FAX BACK TO:

DELEGATE RELATIONS Fax No.: +36 1 219-5726

Or scan and send to: marketing@tegevents.eu

(Please note: the registration is only valid if both pages are filled and sent)

REGISTRATION DETAILS (Please print clearly)

Please make sure you visit our password protected Meeting Scheduler website to choose your presentations and create your personal agenda.

The link and password will be sent out 2 weeks before the event.

Please note that changes in the programme might be possible.
Please sign below to confirm your registration at the
TRANSLOG Connect Congress and fax your completed form to
+361 219-5726 or scan and email to marketing@tegevents.eu

Name (Mr./Ms./Dr./Prof.):

Mobile:

Position:

Email Address:

Organisation:

Name of Personal Assistant:

Website:

Email of Personal Assistant:

Address:

City:

Country/Postcode:

Telephone:

DELEGATE PACKAGE INCLUDES:

1. COMPLIMENTARY access to 4 PRESENTATIONS PER DAY
2. COMPLIMENTARY access to the CONGRESS FLOOR
3. COMPLIMENTARY meetings with solution providers
4. COMPLIMENTARY copy of the EVENT CATALOGUE
5. DOWNLOAD of presentations after the event
6. COMPLIMENTARY access to the COCKTAIL RECEPTION
7. COMPLIMENTARY seated buffet LUNCH
8. COMPLIMENTARY access to the PLANT EXCURSION
9. DISCOUNTED ROOM RATES at the

Corinthia Grand Hotel Royal if booked via TEG

ASSOCIATION PARTNERS





DELEGATES REGISTRATION FORM

1. HOW DID YOU HEAR ABOUT THE TRANSLOG CONNECT CONGRESS?

Email newsletter
Direct contact from our organisation
Contact from a vendor (Please Specify) _____
Contact from a colleague
Others (Please Specify) _____

2. PLEASE LIST YOUR PRIMARY BUSINESS ACTIVITY:

Manufacturer
Distributor
Wholesaler
Retailer
Others (Please Specify) _____

3. SCOPE OF RESPONSIBILITY:

Local
Central Eastern Europe
Europe
EMEA
Global
Others (Please Specify) _____

4. BUDGET POWER:

100.000 - 1.000.000 Euros
1.000.000 - 5.000.000 Euros
5.000.000+ Euros

5. WHAT IS YOUR ROLE IN THE PURCHASING DECISIONS FOR YOUR ORGANISATION?

Decision Maker
Influence
Report to
None

6. WHO DO YOU REPORT TO (NAME & JOB TITLE)?

7. WHAT ARE YOUR 3 KEY PRIORITIES FOR THE NEXT 6 TO 18 MONTHS?

1. _____
2. _____
3. _____

8. WHAT TYPES OF PRODUCTS/SERVICES ARE YOU INTERESTED IN DISCUSSING WITH SOLUTION PROVIDERS?

Freight transport and logistics services
ocean/sea
air
inland waters
rail
road
warehousing

Courier, Express, Parcel
Combined transport systems
Logistics systems for ports and shipping
Logistics systems for the air cargo industry
Security & tracking systems, anti-theft protection
Cargo heating, transport refrigeration, cold-chain management
Intralogistics
AGV
Auto ID
Warehouse management systems
Packaging, transport packaging, freight securing
Storage, conveying, and distribution facilities

Machines & equipment
Storage, racking, shelving, space optimisation

Lighting & lumination systems
Inventory optimisation
Intelligent picking systems
Inventory tracking systems

Material handling, forklift systems
Pallet pooling services
Facilities for loading bays and terminals
(interfaces between & external materials flow)
IT/Telematics, e-business, telecommunications
Communications systems
Data-processing systems, big data management
E-commerce and e-business systems
Transport control and DP systems
Integrated traffic management systems ITMS
Road vehicles
Rail vehicles
Pipeline transport and energy transport systems
Maintenance and repair
Filling-station equipment
Fuel cards
Sustainable logistics & storage
Sustainable energy usage (fuel, electricity consumption, etc.)
Reverse logistics, waste management
Consultancy services

9. WHICH SERVICE PROVIDERS WOULD YOU LIKE TO SEE AT THE EVENT?

10. WHICH SUPPLIERS/SERVICE PROVIDERS DO YOU CURRENTLY WORK TOGETHER WITH?

11. WHICH OTHER DECISION MAKERS OR COLLEAGUES SHOULD WE ALSO INVITE?

12. HOW ARE YOU HOPING TO BENEFIT FROM ATTENDING TRANSLOG CONNECT?

1. _____
2. _____
3. _____

All information provided is used solely for the purpose of organising this event.

CANCELLATION POLICY:

By signing this registration form, the parties explicitly confirm their agreement with the terms and conditions as detailed below.
Should you cancel your booking please notify us by e-mail. Please note that cancellation is subject to a cancellation fee. For cancellation on or prior to October 31st 250 EUR+ VAT will be charged. For cancellations beyond October 31st 500 EUR + VAT will be charged. In case of non-attendance, it shall qualify as cancellation; therefore, the cancellation policy shall also be applicable. Cancellation fee will not apply subject to a replacement within a similar decision making role.
By signing the present registration form, I as the authorised representative of the delegate company, hereby declare that TEG informed and enabled me to get know the content of the general terms and conditions set forth above and I have read and completely understood the whole content of this registration form.

Authorising Signature & Stamp
(On Behalf of the Client)

/ Date

Authorising Signature & Stamp
(On Behalf of TEG)

/ Date

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HOTEL BOOKING FORM



*****CORINTHIA Grand Hotel Royal Budapest
Erzsébet körút 43-49, Budapest 1073, Hungary

The rates are quoted in Euro, plus VAT and include buffet breakfast, which is served in the Brasserie restaurant between 06:30 - 10:30.
Further the rates include access to the Royal Spa, discounts on spa treatments and complimentary wired and wireless internet in the bedrooms.

Superior room for single occupancy: 161 Euro/ night (+VAT)
Superior room for double occupancy: 189 Euro/ night (+VAT)
Check-in time: 03.00 p.m.
Check-out time: 10.00 a.m.

1) RESERVATION FORM:

NAME	PASSPORT / ID NUMBER*	DATE OF BIRTH*	DATE OF ARRIVAL	DATE OF CHECK-OUT	SINGLE OR DOUBLE ROOM	TOTAL (+VAT)
TOTAL:						

*requested according to Hungarian law

2) PAYMENT OPTIONS:

Please choose billing address option Company Personal

Company/personal name: _____

VAT number: _____

Address: _____

Please charge my credit card

Credit Card Type: VISA MASTERCARD Diners Eurocard AMEX

Card Number:

Full Name (as on the card) _____

Valid Form: / Expiry Date: / CVV Number:

Authorising Signature / Stamp

Date

TEG will send the invoice shortly after receiving the signed reservation form. The invoice for the total final cost is payable within 5 days upon receipt.
Please note, in case of cancellation, full cost will be payable. You may amend the participants without additional charge.