

GICI Institute for Competitive Intelligence GmbH  
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## Registration

Return to FAX + 49 (0) 6033 971 376

I wish to attend the International Competitive Intelligence Conference 2014

	Fees			ICI alumni and members of partner organizations are entitled for the alumni discount. Please name the partner organization: _____
	Regular	Student	ICI Alumni	
Conference (2 days)	<input type="checkbox"/> (€950)	<input type="checkbox"/> (€550)	<input type="checkbox"/> (€850)	
Day pass (April 09)	<input type="checkbox"/> (€550)	<input type="checkbox"/> (€300)	<input type="checkbox"/> (€500)	
Day pass (April 10)	<input type="checkbox"/> (€550)	<input type="checkbox"/> (€300)	<input type="checkbox"/> (€500)	

## I wish to attend the following workshops

April 08, 2014		Fees
<input type="checkbox"/> Exploring Possible Futures – Techniques for Forward-looking CI	8:30 - 12:30	<input type="checkbox"/> (€400)
<input type="checkbox"/> KPIs for CI: Managing Corporate Transformation in the Digital Age	13:30 - 17:30	<input type="checkbox"/> (€400)
<input type="checkbox"/> Competitive Intelligence and Social Media	8:30 - 12:30	<input type="checkbox"/> (€400)
<input type="checkbox"/> Advanced Internet Intelligence	13:30 - 17:30	<input type="checkbox"/> (€400)
April 11, 2014		Fees
<input type="checkbox"/> A Pilgrimage into the Future: Applied Innovation Management for CI Professionals	8:30 - 17:30	<input type="checkbox"/> (€690)
<input type="checkbox"/> Reaching your Decision Maker with Comprehensive CI Reporting	8:30 - 12:30	<input type="checkbox"/> (€400)

(All prices excluding VAT)

## Contact data

Surname: \_\_\_\_\_ First name: \_\_\_\_\_  
 Company: \_\_\_\_\_ VAT ID: \_\_\_\_\_  
 Function: \_\_\_\_\_ Department: \_\_\_\_\_  
 Street/PO Box: \_\_\_\_\_ Zip code/City: \_\_\_\_\_  
 Country: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

## How did you learn about us?

Internet search  A colleague/friend  Online ad  Printed ad  Other

Please specify: \_\_\_\_\_

## Payment Details

Payment upon receipt of invoice  
 Credit Card (AMEX, VISA, MASTERCARD)  
 Please send me the detailed payment instructions  
 via E-Mail  via Mail  via Fax to: \_\_\_\_\_

I accept the terms and conditions for participation for the current program  
 (see <http://www.conference.competitive-intelligence.com/agb.shtml>).

Place, Date: \_\_\_\_\_ Signature: \_\_\_\_\_