REGISTRATION FORM

1. PERSONAL DETAILS

Title

First Name

Last Name

Organisation

Position

Address

Telephone

Fax

Email

2. REGISTRATION

Please tick the appropriate box to indicate your registration type:

□ ESOP Member

□ ESOP Non-Member

Also, please indicate the course you wish to register for:

<table>
<thead>
<tr>
<th>Course</th>
<th>Dates</th>
<th>ESOP Members</th>
<th>ESOP Non-members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course I</td>
<td>26th – 28th November 2012</td>
<td>300 EUR</td>
<td>350 EUR</td>
</tr>
<tr>
<td>Course II</td>
<td>28th – 30th November 2012</td>
<td>200 EUR</td>
<td>250 EUR</td>
</tr>
<tr>
<td>Both</td>
<td>26th – 30th November 2012</td>
<td>400 EUR</td>
<td>500 EUR</td>
</tr>
</tbody>
</table>

DEAD-LINE FOR REGULAR RATE REGISTRATION: Monday, 05th November 2012.
REGISTRATION FORM

3. PAYMENT DETAILS

Please fill in the following remittance advice to indicate payment of your registration fee:

<table>
<thead>
<tr>
<th>Payment</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transferring</td>
<td></td>
</tr>
</tbody>
</table>

- Please note that payments should be made to:
  
  Bank transfer to
  ESOP, 9, rue Edward Steichen, L- 2540 LUXEMBOURG:
  BGL BNP Paribas, 10, rue E. Steichen, L-2951 LUXEMBOURG
  BIC: BGLLLULL
  IBAN: LU94 0030 3596 5008 0000

  Payment Details: ESOP /Invoice Number/ Name and Surname of Participant for whom payment is made

- Bank charges are fully covered by participants

Date ____________________________ Signature ____________________________

Please sign and return the completed registration form to (fax, mail):

- ESOP Membershipservice
c/o DGOP e.V.
Cuxhavener Straße 36
21149 Hamburg
Germany
- fax: 0049 - 40 - 791 43 601
- membershipservice@esop.li