



Reservation Audioconferencing

Applicant

Name: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs/ Ms	Function:
Company:	Telephone:
Department:	Fax:
Address:	E-mail:
Postal Code and City:	
Country:	Res. ID*:

*) If known

Conference

Name of the conference:	<input type="checkbox"/> Dial-out via operator
Date of the conference:	<input type="checkbox"/> Direct entry into conference
Starting time (CET):	<input type="checkbox"/> Music on hold
Duration:	<input type="checkbox"/> Dial-in via conference entry code
Number of participants:	<input type="checkbox"/> Recording on CD-ROM
Language welcome text: <input type="checkbox"/> Dutch	<input type="checkbox"/> Minutes secretary service
<input type="checkbox"/> English	<input type="checkbox"/> Transcription service

Participants

Always fill in name and telephone number of the chairperson. Only fill in the name and telephone number of the participant if KPN calls the participants to join the conference (if more than ten participants, please send an enclosure).

1. Chairperson: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs/ Ms	Telephone number:
2. Participant: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs/ Ms	Telephone number:
3. Participant: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs/ Ms	Telephone number:
4. Participant: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs/ Ms	Telephone number:
5. Participant: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs/ Ms	Telephone number:
6. Participant: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs/ Ms	Telephone number:
7. Participant: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs/ Ms	Telephone number:
8. Participant: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs/ Ms	Telephone number:
9. Participant: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs/ Ms	Telephone number:
10. Participant: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs/ Ms	Telephone number:

Invoice

Your reference:

Invoice address, if different from the applicants address:

Name: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs/ Ms	Function:
Company:	Telephone:
Department:	Fax:
Address:	E-mail:
Postal Code and City:	
Country:	

Remarks

Signature for agreement

Date:	Signature:
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Fax this form to +31 10 4571456

For the service desk call 0800-0156 (+31 10 4570402)

The applicant agrees with the conditions and tariffs for KPN Conferencing services.

A copy of the conditions and tariffs can be ordered at +31 10 4570402.

KPN Telecom B.V., Chamber of Commerce Haaglanden, Reg. number 27124701.