

# PRINTED REGISTRATION FORM (fax or email)

# THREAT RISK & VULNERABILITY ASSESSMENT – METHODOLOGY & PRACTICE **SEMINAR**

June 14-15, 2022

Amsterdam, Nederland

Venue - TBD

Credit Card Holde	er's information
First Name	Last Name
Title	Company/Agency
Credit Card No.	Expiration Date /
Billing Address	
City, State	Zip code
Email Address	
Work Phone	Fax Number
	Regular €799 Excluding VAT  Organizations with 4 or more attendees €699 Excluding VAT
* Please complet	te attached sheet for multiple attendees
Terms and Condi	<u>tions</u>
21 days before a semi does not cancel and days occasion and days o	TION: Chameleon Associates will refund your payment, less a 20% service charge, for cancellation received in writing inar. There will be no refund or credit for cancellations received within 20 days of the seminar. If a registered attendee fails to attend a seminar, this will be treated as a cancellation and no refund or credit will be issued. CHAMELEON UTIONS, CANCELLATIONS AND POSTPONEMENT: Please note that speakers and topics are confirmed at time of circumstances beyond the control of the organizers may necessitate substitution, alteration or cancellation of cs. As such, Chameleon Associates reserves the right to alter or modify the advertised speakers and/or topics. Any ion will be updated on our web page as soon as possible. In the event that Chameleon Associates postpones an event, at the date of the postponement will be credited towards the rescheduled date. This credit will be available for up to fissuance. Chameleon Associates is not responsible for any loss or damage as a result of a substitution, alternation or fortuitous event and shall assume no liability whatsoever in the event this seminar is cancelled, rescheduled or fortuitous event, Act of God, unforeseen occurrence or any other event that renders performance of this seminar ible. For of this clause, a fortuitous event shall include, but not limited to war, fire, labor strike, extreme weather or Due to the content and information presented in this seminar, Chameleon Associates reserves the right to refuse from individuals who do not have the necessary security clearance and/or background.
I have read	and understood the terms and conditions outlined above:
Name (Prin	nt)
Signature	Date/

### **MULTIPLE ATTENDEE FORM**

## All information is required – please print neatly

1.	First Name	Last Name
	Title	Email Address
2.	First Name	Last Name
	Title	Email Address
3.	First Name	Last Name
	Title	Email Address
4.	First Name	Last Name
	Title	Email Address
5.	First Name	Last Name
	Title	Email Address
6.	First Name	Last Name
	Title	Email Address
7.	First Name	Last Name
	Title	Email Address
8.	First Name	Last Name
	Title	Email Address
9.	First Name	Last Name
	Title	Email Address
10.	First Name	Last Name
	Title	Email Address

Please fax this Registration Form to +31 (0)84 8727 188 or scan and email to info@chameleonassociates.com