



FAX REGISTRATION FORM

THREAT RISK & VULNERABILITY ASSESSMENT SEMINAR

Berlin, Germany – March 11-12, 2025

Seminar Fee €1.195 per person

Credit Card Holder's Information

First Name _____ Last Name _____

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*** Please complete attached sheet for multiple attendees**

Terms and Conditions

ATTENDEE CANCELLATION: Chameleon Associates will refund your payment, less a 20% service charge, for cancellation received in writing 21 days before a seminar. There will be no refund or credit for cancellations received within 20 days of the seminar. If a registered attendee does not cancel and fails to attend a seminar, this will be treated as a no-show and no refund or credit will be issued.

CHAMELEON ASSOCIATES SUBSTITUTIONS, CANCELLATIONS AND POSTPONEMENT: Please note that speakers and topics are confirmed at time of publishing; however, circumstances beyond the control of the organizers may necessitate substitution, alteration or cancellation of speakers and/or topics. As such, Chameleon Associates reserves the right to alter or modify the advertised speakers and/or topics. Any substitution or alteration will be updated on our web page promptly. In the event that Chameleon Associates postpones an event, attendee's payment at the date of the postponement will be credited towards the rescheduled date. This credit will be available for up to one year from date of issuance. Chameleon Associates is not responsible for any loss or damage as a result of a substitution, alternation or cancellation/postponement of an event and shall assume no liability whatsoever in the event this seminar is cancelled, rescheduled or postponed due to a fortuitous event, Act of God, unforeseen occurrence or any other event that renders performance of this seminar impractical or impossible. For of this clause, a fortuitous event shall include, but not limited to war, fire, labor strike, extreme weather or another emergency.

Due to the content and information presented in this seminar, Chameleon Associates reserves the right to refuse seminar participation 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 (Print) _____

Signature _____ Date ____ / ____ / ____

MULTIPLE ATTENDEES

(all information is required – please print neatly)

1. First Name _____ Last Name _____

Title/Company _____ Email Address _____

2. First Name _____ Last Name _____

Title/Company _____ Email Address _____

3. First Name _____ Last Name _____

Title/Company _____ Email Address _____

4. First Name _____ Last Name _____

Title/Company _____ Email Address _____

5. First Name _____ Last Name _____

Title/Company _____ Email Address _____

6. First Name _____ Last Name _____

Title/Company _____ Email Address _____

7. First Name _____ Last Name _____

Title/Company _____ Email Address _____

8. First Name _____ Last Name _____

Title/Company _____ Email Address _____

9. First Name _____ Last Name _____

Title/Company _____ Email Address _____

10. First Name _____ Last Name _____

Title/Company _____ Email Address _____

Please fax this Registration Form to +1 (818) 713-8446 or,

scan and email to info@chameleonassociates.com