

European Student Membership Application

Send membership application with payment to:
Meeting Professionals International
46a, Avenue John F. Kennedy
L-1855 Luxembourg
Grand-Duchy of Luxembourg
tel +352 26 87 61 41
fax +352 26 87 63 43
web www.europe.mpiweb.org



DEFINING THE POWER OF MEETINGS®

NOTE: THIS APPLICATION MUST BE COMPLETED IN ITS ENTIRETY, SIGNED, DATED AND SUBMITTED WITH PAYMENT PRIOR TO CONSIDERATION. PROOF OF ENROLMENT MUST BE RECEIVED BY MPI'S EUROPEAN OFFICE BEFORE THE STUDENT CAN BE ACCEPTED INTO MEMBERSHIP.

(Please Print or Type) First Name _____ Middle Name _____ Last Name _____

Nickname _____

Male Female

FOR MPI USE ONLY

Member ID

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Initials: _____

Date: _____

Street Address or P.O. Box _____ (Note: Special Courier Service will not deliver to P.O. Box)

City or Town _____

ZIP/Postal Code _____ Country _____

Telephone (Daytime) (Please include country code) _____ Fax _____

E-mail address (will appear in the MPI membership directory) _____

CHAPTER AFFILIATION

MPI membership entitles additional affiliation with a local chapter. Chapter assignment is determined by geographical region unless otherwise requested.

Please check chapter listing on our Web site. I prefer to be assigned to _____ Chapter.

How did you hear about MPI? _____

DUES

MEMBERSHIP IN MPI IS RECORDED IN THE NAME OF THE INDIVIDUAL, NOT THE ORGANIZATION.

Membership dues are nonrefundable and are due annually on the anniversary date of acceptance. Dues quoted are effective July 2004 and are subject to change. The payment is to be processed in Euro. Annual membership dues automatically include €25 for subscriptions to *The Meeting Professional* and are nondeductible therefrom.

€35 Student Membership

Voluntary contribution to support the work of the MPI Foundation

€25

€50

€100

IMPORTANT!

Please complete the Membership Profile information on the following page. The information assists MPI in developing new, improved services and direction for innovative programming. In addition, the data is necessary for *The Meeting Professional* magazine to complete an industry audit which boosts advertising revenue and minimizes the need for dues increases.

DATA PROTECTION

MPI complies with the Directive 95/46/EC of the European Parliament and of the Council of the European Union of 23 November 1995 on the protection of individuals with regard to the processing of personal data and on the free movement of that data (OJ L 28 1). I understand that my personal data will be processed and stored by MPI. I can request MPI to correct, supplement, delete or block the said data in the event that it is factually inaccurate, incomplete or irrelevant to the purpose or purposes of the processing, or is being processed in any other way which infringes a legal provision. The request shall contain the modifications to be made. I authorise MPI to release my data in its directories and to third parties but have the right to register an objection to this processing at any time and at no cost to himself.

PAYMENT INFORMATION

Cheque Enclosed Company

Individual

American Express Eurocard

VISA

Cardholder Name _____

Card No. _____

Expiration Date: _____

Signature: _____

Bank Transfers: ING - Cours St Michel 40 - B 1040
Brussels, Belgium
Swift Address: BBRUBEBB100
Account: IBAN BE15 3101 08818730

Please send Invoice for payment.

Total Amount Enclosed

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