

# EXECUTIVE FORUM 2003

The Making of a UE Executive ~ September 22, 2003

## Enrollment Request Form

[www.nngroup.com/events/executive](http://www.nngroup.com/events/executive)

**Please note** that this is a request for enrollment only and not a guarantee of your place at this event. Membership in the Nielsen Norman Group User Experience Executive Forum and enrollment for forum events is reserved for user experience executives, and managers and directors on the executive path.

If your membership and attendance at this event is approved, you will receive notification by e-mail from the Nielsen Norman Group.

Your payment will not be processed until your enrollment has been approved and you have been notified by e-mail.

Conference registrations are managed by our conference partners, TPGNC – The Performance Group. Contact them directly with your concerns or questions: **(800) 942-6020 (+1 510 923-9123 from outside North America), ef@nngroup.com**

### Deadline

All faxed and mailed enrollment request materials and payment must be received by 2pm Pacific Time on Monday, September 15, 2003.

### To Pay by Check or Purchase Order

Checks accepted with mail-in registrations only. Make your check or purchase order **payable to "Nielsen Norman Group."** Authorized purchase orders will be considered registrations and must be net-15 days payment terms. Unpaid purchase orders will be subject to our cancellation clause/penalty fees.

### To Register by Fax

Fax your completed form with credit card payment instructions or purchase order to: **+1 (510) 923-9120.**

### To Register by Mail

Mail your completed form to: **TPGNC – The Performance Group, 4701 Doyle Street, Suite #510, Emeryville, CA 94608 USA**  
**Attn: Nielsen Norman Group Executive Forum 2003**

### Cancellation, Substitution, and Refund Policy

If after registering you must cancel, your registration fee will be refunded less a 20% handling fee if written notice of cancellation is received 30 days before your scheduled event. From 30 to 7 days before the event, cancellations are allowed less a 50% fee. Within 7 days of the event, no refunds will be granted, but we will consider a substitute attendee. Any proposed substitute must be approved through the enrollment request procedure. Complete this form for the substitute candidate and fax to +1 (510) 923-9120 along with your substitution request. We will notify you and the candidate if the substitution is approved. E-mail ef@nngroup.com with cancellation, substitution, or refund requests.

### Would you like your name, title, and organization on the attendee list?

Yes  No

### How did you learn about Nielsen Norman Group User Experience Executive Forum? (check all that apply)

- |                                      |  |   |
|--------------------------------------|--|---|
| <input type="checkbox"/> useit.com   | <input type="checkbox"/> Brochure        | <input type="checkbox"/> Discussion group |
| <input type="checkbox"/> AskTog.com  | <input type="checkbox"/> Alertbox e-mail | <input type="checkbox"/> Colleague        |
| <input type="checkbox"/> nngroup.com | <input type="checkbox"/> Other e-mail    |   |
| <input type="checkbox"/> Jnd.org     | <input type="checkbox"/> Other           |   |

### Please print clearly or type

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

E-mail \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

Short job description (25-50 words – attach another sheet if necessary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of people reporting to you \_\_\_\_\_

Years in UE profession \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_ Zip/Post Code \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Early Enrollment, by August 25, 2003: **\$900**

Enrollment on or after August 26, 2003: **\$1,100**

### Payment Method:

- Check (mail-in only)  Purchase Order Enclosed  
 (checks and purchase orders should be payable to "Nielsen Norman Group")  
 MasterCard  Visa  American Express

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

Name on Card \_\_\_\_\_

Billing Address (if different from contact information)

\_\_\_\_\_

\_\_\_\_\_

### Hotel Reservations Westin Chicago River North (\$219/night + taxes)

**Important:** Your credit card details will be given to the hotel to guarantee your reservation. If you are paying by check or purchase order, **please include \$219 (one night's accommodations) with your payment.** Cancellations made after August 22 may incur a cancellation fee equal to one night's charges.

Date of Arrival \_\_\_\_\_ Date of Departure \_\_\_\_\_

Request Late Check-in

Kingsized Bed  Double Beds |  Non-smoking Room  Smoking Room

Please advise of any specific accommodation requests

(name of attendees who will stay with you, wheelchair access, dietary restrictions, etc.):

\_\_\_\_\_