

Esbjerg Kommune
Torvegade 74

6700 Esbjerg

Att.: Margit Sørensen
EAN: 5798004900154

FAKTURA

Nummer: 117625
Kundenummer: 76160995
CVR nr: 30164210

Vor Ref.	Deres Ref.	Dato 03/06-2016		
Varebetegnelse		Antal	A'pris	Beløb
Udlæg OTC registrering		1,0	4800,35	4.800,35

Vedlagt kopi af udlæg vedr. OTC 2016 registration.
Houston, USA
Søtrup, Jespersen og Reil.

Med venlig hilsen
Niels Bock
T: 36 97 35 03
M: 20 80 63 09
E: nbo@eeu.dk

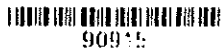
Varebeløb	Gebyr FM	Moms	Momsbeløb	Gebyr EM	Afrund	VAL DKK	Fakturatotal
4.800,35		%					4.800,35

Betalingsbetingelse: Netto 14 dage dog senest 17.06.2016
Sydbank A/S:7701 - 1110384
IBAN: DK9177010001110384
SWIFT: SYBKDK22

+71< 761609951176251+89253225<

Esbjerg Erhvervsudvikling

Niels Bohrs Vej 6 Tlf.: 75 12 37 44 E-mail: info@eeu.dk
6700 Esbjerg CVR.nr.: 30164210 www.eeu.dk



In the event you do not receive your badge prior to the show, bring this confirmation to an on-site registration location. Just scan the barcode at any Pre-Registered Confirmation counter and your badge will be printed. Valid photo ID will be required.

Registration Detail

Tom L. Nielsen

Registration Type: 1-Day Conference, Onsite Wednesday

Description	Item Total
Registration (Qty: 1)	\$240.00
Total Registration Fees:	\$240.00
Total Registration Paid:	(\$240.00)
Current Balance:	\$0.00

Housing

You currently have no housing reservations.

Financial Summary

Total Housing Fees:	\$0.00
Total Amount Applied to Housing:	\$0.00
Housing Balance:	\$0.00
Total of All Fees:	\$240.00
Total Amount Applied to All Fees:	(\$240.00)
Total Balance Due:	\$0.00

Payment History

Payment #1

04/29/2016 — \$960.00 [Payment]
Tom L. Nielsen / MasterCard / *****2045

Payment Allocation

04/29/2016 — Applied: Karsten Rieder's Registration	\$240.00
04/29/2016 — Applied: Otto Jespersen's Registration	\$240.00
04/29/2016 — Applied: Thomas Reil's Registration	\$240.00
04/29/2016 — Applied: Tom L. Nielsen's Registration	\$240.00
Total Amount Applied:	\$960.00
Total Amount Not Used:	\$0.00
Payment Totals	
Total Payments:	\$960.00
Total Refunds:	\$0.00
Total Net Paid:	\$960.00

Cancellation Policy

Registration Cancellation:

Cancellation requests must be received in writing by 18 April 2016 to qualify for a refund. Please note that if you have already registered for OTC 2016, refunds **will not** be granted if you receive a complimentary guest invitation. No exceptions.

Travel Time to NRG Park

Please ensure sufficient travel time to account for traffic and weather. No refunds given for late arrivals to any ticketed events.

Please send requests by email to otc@experient-inc.com, by fax 301.694.5124 or by mail to:

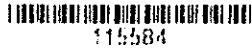
ATTN: OTC Cancellation
 5202 President's Court
 Ste 310
 Frederick, MD 21703

Registration cancellations received on or before 18 April 2016 will be processed within 14 business days. Cancellation request after 18 April not be processed.

Hotel Cancellation:

Hotels will charge a non-refundable 1 night room and tax deposit after April 1, 2016. Cancellation of room reservations can be made with no penalty until 6pm CT, April 1. Failure to check in on your scheduled day of arrival, (no-show), will result in forfeiture of your deposit and your room will be released by the hotel.

OTC Housing Bureau will continue to process new reservations, changes, and cancels, based on availability, until 6pm CT, April 8, 2016. All requests for cancels must be submitted in writing via email to OTC@experient-inc.com. As mentioned above, please submit by April 1 to avoid cancel penalty. Starting April 15, 2016, please contact your assigned hotel directly for all housing needs.



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Registration Detail

Johnny Søtrup

Registration Type: 1-Day Conference, Onsite Tuesday

Description	Item Total
Registration (Qty: 1)	\$240.00
Total Registration Fees:	\$240.00
Total Registration Paid:	(\$240.00)
Current Balance:	\$0.00

Housing

You currently have no housing reservations.

Financial Summary

Total Housing Fees:	\$0.00
Total Amount Applied to Housing:	\$0.00
Housing Balance:	\$0.00
Total of All Fees:	\$240.00
Total Amount Applied to All Fees:	(\$240.00)
Total Balance Due:	\$0.00

Payment History

Payment #1

05/03/2016 — \$240.00 [Payment]
Lianna L. Christensen / Visa / *****5685

Payment Allocation

05/03/2016 — Applied: Johnny Søtrup's Registration	\$240.00
Total Amount Applied:	\$240.00
Total Amount Not Used:	\$0.00
Payment Totals	
Total Payments:	\$240.00
Total Refunds:	\$0.00
Total Net Paid:	\$240.00

Cancellation Policy

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 Ste 310
 Frederick, MD 21703

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If you have any questions about the information printed above, please contact Customer Service by email at OTC@experient-inc.com or (847) 996-5828.

Thank you for registering for OTC 2016.

TRAVEL INFORMATION

IS YOUR TRAVEL TO THE US
OCCURRING IN TRANSIT TO
ANOTHER COUNTRY? NO

ADDRESS WHILE IN THE U.S.

ADDRESS LINE 1 APARTMENT NUMBER

2500 MCCUE ROAD

ADDRESS LINE 2 CITY
HOUSTON

STATE

TX

**U.S. POINT OF CONTACT
INFORMATION**

RESIDENCE INN HOUSTON BY THE
GALLERIA

ADDRESS

ADDRESS LINE 1 APARTMENT NUMBER

2500 MCCUE ROAD

ADDRESS LINE 2 CITY
HOUSTON

STATE

TX

TELEPHONE NUMBER 7138409757

EMPLOYMENT INFORMATION

DO YOU HAVE A CURRENT OR
PREVIOUS EMPLOYER? YES

EMPLOYER NAME ESBJERG MUNICIPALITY

JOB TITLE CITY MANAGER

ADDRESS

ADDRESS LINE 1

TORVEGADE 74

ADDRESS LINE 2 CITY
6700

STATE COUNTRY

ESBJERG DENMARK

TELEPHONE NUMBER

COUNTRY CODE + PHONE NUMBER

45 76161010

ELIGIBILITY QUESTIONS

1) DO YOU HAVE A PHYSICAL OR MENTAL DISORDER; OR ARE YOU A DRUG ABUSER OR ADDICT; OR DO YOU CURRENTLY HAVE ANY OF THE FOLLOWING DISEASES (COMMUNICABLE DISEASES ARE SPECIFIED PURSUANT TO SECTION 381(B) OF THE PUBLIC HEALTH SERVICE ACT): No

- CHOLERA
- DIPHTHERIA
- TUBERCULOSIS, INFECTIOUS
- PLAGUE
- SMALLPOX
- YELLOW FEVER
- VIRAL HEMORRHAGIC FEVERS, INCLUDING EBOLA, LASSA, MARBURG, CRIMEAN-CONGO
- SEVERE ACUTE RESPIRATORY ILLNESSES CAPABLE OF TRANSMISSION TO OTHER PERSONS AND LIKELY TO CAUSE MORTALITY.

2) HAVE YOU EVER BEEN ARRESTED OR CONVICTED FOR A CRIME THAT RESULTED IN SERIOUS DAMAGE TO PROPERTY, OR SERIOUS HARM TO ANOTHER PERSON OR GOVERNMENT AUTHORITY? No

3) HAVE YOU EVER VIOLATED ANY LAW RELATED TO POSSESSING, USING, OR DISTRIBUTING ILLEGAL DRUGS? No

4) DO YOU SEEK TO ENGAGE IN OR HAVE YOU EVER ENGAGED IN TERRORIST ACTIVITIES, ESPIONAGE, SABOTAGE, OR GENOCIDE? No

5) HAVE YOU EVER COMMITTED FRAUD OR MISREPRESENTED YOURSELF OR OTHERS TO OBTAIN, OR ASSIST OTHERS TO OBTAIN, A VISA OR ENTRY INTO THE UNITED STATES? No

6) ARE YOU CURRENTLY SEEKING EMPLOYMENT IN THE UNITED STATES OR WERE YOU PREVIOUSLY EMPLOYED IN THE UNITED STATES WITHOUT PRIOR PERMISSION FROM THE U.S. GOVERNMENT? No

7) HAVE YOU EVER BEEN DENIED A U.S. VISA YOU APPLIED FOR WITH YOUR CURRENT OR PREVIOUS PASSPORT, OR HAVE YOU EVER BEEN REFUSED ADMISSION TO THE UNITED STATES OR WITHDRAWN YOUR APPLICATION FOR ADMISSION AT A U.S. PORT OF ENTRY? No

IF YES:

WHEN

WHERE

8) HAVE YOU EVER STAYED IN THE UNITED STATES LONGER THAN THE ADMISSION PERIOD GRANTED TO YOU BY THE U.S. GOVERNMENT? No

9) HAVE YOU TRAVELED TO, OR BEEN PRESENT IN IRAQ, SYRIA, IRAN, OR SUDAN ON OR AFTER MARCH 1, 2011? No

Paperwork Reduction Act: An agency may not conduct or sponsor an information collection and a person is not required to respond to this information unless it displays a current valid OMB control number and an expiration date. The control number for this collection is 1651-0111. The estimated average time to complete this application is 22 minutes. If you have any comments regarding this burden estimate you can write to U.S. Customs and Border Protection, Office of Regulations and Rulings, 90 K Street, NE, 10th Floor, Washington DC 20229. Expiration Sep 30, 2018.

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help.cbp.gov and submit a request by clicking on "Ask a Question." When selecting the Product (under Additional Information) use "ESTA" and the sub-product "Logo Assistance" to expedite handling of your request.