TO MEMBERS OF EPP 3GPP TSG SA WG3

Invitation to the 3GPP TSG SA WG3 (Security) #1 Meeting to be held on 2 - 4 February 1999 in The International Hotel, Marsh Wall, Docklands, London E14, UK.

Dear Colleague,

On behalf of Professor Michael Walker, Convenor, the Department of Trade and Industry (DTI) has the pleasure to inform you of the arrangements for the above-mentioned meeting.

The venue of this meeting will be:

**The International Hotel
Marsh Wall, Docklands,
London E14 9SJ,
UK**

The meeting will start on **2 February 1999 at 10.30** and will end on **4 Febrary 1999 at approximately 12.30**.
Registration will take place on the first day of the meeting **between 10.00 and 10.30.**

Documents for the meeting should be delivered by e-mail to maurice.pope@etsi.fr by **26 January 1999**.
After acceptance and number allocation the documents will be uploaded on the server in the FTP directory at: ftp://ftp.3gpp.org/TSG_SA/WG3_Security/TSGS3_01/Docs

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The secretary responsible of this meeting is Liz Reeves to whom **you should return the registration form (either by e-mail or fax) before 28 January 1999** and should contact concerning any administrative arrangements.
Fax: +44 1635 31127   E-mail: liz.reeves@vf.vodafone.co.uk

Annexed to this invitation you will find information about booking the hotel and a registration form.

I look forward to seeing you in Docklands.

Yours sincerely,

_____
Maurice Pope
Technical Support Officer

**Encl. :   Registration form
          Hotel information and registration form**

REGISTRATION FORM

FOR THE ETSI 3GPP TSG SA WG3 #1 Meeting

On 2-4 February 1999 in The International Hotel, Marsh Wall, Docklands, London E1, UK.

PLEASE FILL IN THIS FORM AND SEND IT BY **28 JANUARY 1999** TO:

Liz Reeves   FAX: +44 1635 31127 or E-Mail: liz.reeves@vf.vodafone.co.uk

Title:	Ms ☐ Mrs ☐ Mr ☐
Last Name:	
First Name:	
Company:	
Mailing address:	
Telephone:	
Fax:	
E-mail:	
Date and time of arrival:	
Date and time of departure:	

Representing Partner: (tick one box)

☐ ARIB
☐ ETSI
☐ T1
☐ TTA
☐ TTC
☐ UMTS Forum
☐ Other: _____

Status of Membership: (tick one box)

☐ 3GPP Individual Member
☐ Organizational Partner Representative
☐ Market Representation Partner Representative

Category of represented Individual Membership: (tick one box)

☐ Administration
☐ Manufacturer
☐ Public Network Operator
☐ Private Service Provider
☐ Other: _____

Hotel Information

<u>How to reach the International Hotel, Docklands</u>

<u>By Road</u>

The Docklands area lies immediately East of the City of London. The opening of the 'Docklands Highway' has made the area easily accessible from all directions.

<u>By Bus</u>

Busses run at frequent intervals from 06:30am, with many operating until midnight. Busses stop outside the hotel and link with the Underground and British Rail to Tower Hill, City, London Bridge, Waterloo and Stratford.

<u>By Rail</u>

The hotel is within easy reach of most of London's mainline stations and is three minutes walk away from South Quay Light Railway Station. The Light Railway Service connects with the Underground at Bank and Tower Hill Stations.

<u>By Air</u>

London City Airport is Docklands' own International Airport with frequent flights to most European cities, including Frankfurt, Berlin, Brussels, Paris, Venice, Zurich, Rotterdam, Antwerp, Dublin, Belfast and Stockholm.

HOTEL RESERVATION FORM

Attention of: Mr David Harrison,
                Hospitality Line
                Fax: +44 181 289 9696

For the 3GPP TSG SA WG3 #1 Meeting.

Please complete ALL sections in BLOCK CAPITALS and send it <u>as soon as possible</u> to:

> **Mr David Harrison,**
> **The International Hotel**
> **Marsh Wall**
> **Docklands**
> **E14 9SJ**
> Fax: +44 181 289 9696

The special conference rate is £85.00 per person per night, including full English breakfast.

I will arrive on _____ at   _____   Flight No: _____

I will leave on _____ at   _____

Name: _____
Company: _____
Address: _____
             _____
Fax*:   _____
Tel*:   _____
(* = including country code)

☐   Please guarantee my room for late arrival.

Credit Card no: _____

Expiry Date: _____

Signature: _____