



This questionnaire is part of an AgentLink initiative to assist in the development of resources and facilities to support AgentLink members and the wider community.

Contact Information

Name: _____

Are you an AgentLink member? yes no

Company: _____

Department: _____

Address: _____

City: _____

Country: _____

Email: _____

Tel: _____

Fax: _____

Website: http:// _____

Background Information

Please briefly describe your interest or involvement with agent technology.

What resources or facilities would your company's programme of work need

Did you find the conference useful? How could it be improved?

Do you agree for your details to be passed on to agent technology companies who may be able to offer relevant services.

(tick appropriate box)

Yes No

Would you like an AgentLink representative to contact you to discuss how you can become an AgentLink member?

(tick appropriate box)

Yes No