

International Crisis and Emergency Management Conference 2008

DELEGATE REGISTRATION

Please complete this form and remit together with your payment to the address at the bottom of the page. A separate form must be completed for each delegate (Photocopies are acceptable).

Registrations will not be processed without full payment.

CONTACT INFORMATION

| | |
|--------------------------|------------|
| Title / First Name: | Surname: |
| Job Title: | |
| Organisation: | |
| Address: | |
| City / State / Postcode: | Country: |
| Telephone: | Facsimile: |
| Email: | |

A TAX INVOICE AND CONFIRMATION OF ATTENDANCE WILL BE FAXED TO YOU. ABN 85 056 581 072

CONFERENCE REGISTRATION

- | | |
|--|---|
| <input type="checkbox"/> Early Bird Registration (applicable until 7 March, 2008) | \$770.00 (inclusive of \$70 GST) |
| <input type="checkbox"/> Standard IFAP Member Registration (applicable after 7 March, 2008) | \$825.00 (inclusive of \$75 GST) |
| <input type="checkbox"/> Standard Non-IFAP Member Registration (applicable after 7 March, 2008) | \$880.00 (inclusive of \$80 GST) |

Registration includes attendance to the presentation and exhibition area, lunch and tea breaks each day and attendance to the Conference Cocktail Function on Wednesday 21 May, 2008.

PAYMENT OPTIONS

Payment must be received within seven (7) days of verbal reservation. Please return this application to PO Box 1153, Subiaco, Western Australia 6904 or alternatively fax to +61 8 9381 9222. ***If paying by cheque, please make cheque payable to Vertical Events.***

*Please note a 4% surcharge will be added to all American Express and Diners charges

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|------------------------------------|--------------------------------------|-----------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Visa Card | <input type="checkbox"/> Master Card | <input type="checkbox"/> Bankcard | <input type="checkbox"/> American Express* | <input type="checkbox"/> Diners Card* |
|------------------------------------|--------------------------------------|-----------------------------------|--|---------------------------------------|

| | |
|-----------------------|-------------------|
| Card Number: | |
| Card Expiry Date: | Total to be paid: |
| Cardholder Name: | |
| Cardholder Signature: | |

AUTHORISATION

| | |
|-----------|------------|
| Name: | |
| Position: | Signature: |

CANCELLATION POLICY

All cancellations must be made in writing to Vertical Events. No refunds will be made after 7 May, 2008. All refunds prior to 7 May, 2008 will incur an administration charge.