

## **Delegate Registration**

| our details:  |                                   |   |                              |          |  |              |             | CM080       |
|---|-----------------------------------|---|------------------------------|----------|--|--------------|-------------|-------------|
| Contact person  |                                   |   |                              |          | Title                                  |              |             |             |
| Company name  | In English                        |   |                              |          |  |              |             |             |
|   | In Chinese                        |   |                              |          |  |              |             |             |
| Company address   | In English                        |   |                              |          |  |              |             |             |
| & postal code   | In Chinese                        |   |                              |          |  |              |             |             |
| Country of company  |                                   |   |                              | Country  | of company hea                         | idquarters   |             |             |
| Phone   |                                   |   |                              | Fax      |  |              |             |             |
| Mobile  |                                   |   |                              | Email    |  |              |             |             |
| Delegate  |                                   |   | Title                        |          | Email                                  |              |             |             |
| Delegate  |                                   |   | Title                        |          | Email                                  |              |             |             |
| Delegate  |                                   |   | Title                        |          | Email                                  |              |             |             |
| Delegate  |                                   |   | Title                        |          | Email                                  |              |             |             |
| Delegate  |                                   |   | Title                        |          | Email                                  |              |             |             |
| Website   |                                   | Please duplicate this form if you have more participants. Email address is essential. |                              |          |  |              |             | ial.        |
| Others (Please speci<br>EUR 700 (Officia<br>EUR 800 (Regula<br>EUR 950 (Full rc | al partners/me<br>ar participants | , before Sep  |                              | 15)      |  |              |             |             |
| ,   |                                   |   | ly bird rate(before Sep. 15) |          | Full                                   | rate         | Quantity    | Total price |
| Regular delegate EUF  |                                   | R 800   |                              | EUF      | R 950                                  |              |             |             |
| PDAC/AMA/CIMG member EU   |                                   | EUR   | R 700                        |          | EUI                                    | R 950        |             |             |
| Gala dinner ticket  |                                   |   | EUF                          |          |  | R 75         |             |             |
| Corporate table at Gala dinner (10 tickets)                                     |                                   |   | EUR 800                      |          |  | R 800        |             |             |
| elegate package inclu   | udes: • all congres               | s documentatio  | n •                          | lunches  | <ul> <li>cocktail reception</li> </ul> | otions • cot | ffee breaks | 1           |
| redit Card  |                                   |   |                              |          |  |              |             |             |
|   | □ Master Card                     | 🗌 America   | n Express                    | Diners C | Card                                   |              |             |             |
| redit Card:<br>  Visa Card [<br>Card number                                     | Master Card                       | 🗌 America   | n Express                    | Diners C | Card                                   |              |             |             |

1. By filling this form I agree to pay the amount specified with my credit card.

2. Please note a 4% surcharge will be added to Diners Club and Amex credit card payments.

## **Cancellation Policy:**

Cardholder's name Cardholder's signature

Cancellations will only be refunded, less a 40% administration fee, if a written request is received before October 10, 2008. No refunds will be made after October 11, 2008.

Please return the form by fax to: +61 8 9381 9222



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