



DELEGATE BOOKING FORM

EVENT

Title: Airline Revenue Management		Ref: ARM910
Date: 30 th September 2010	Venue: Wyndham Miami Airport Hotel	City / Country: Miami / USA

DELEGATE

Name:	E-mail:
Position:	Address:
Company:	
Tel:	Postcode / Zip Code:
Fax:	Country:

BILLING ADDRESS (if different from above)

Name on Credit Card:	Postcode / Zip Code:
Billing Address:	Country:

CREDIT CARD / DEBIT CARD PAYMENT

<input type="checkbox"/> Delegate Registration Fee: US\$350 Credit Cards (please tick one): <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS (Charge GBP230) <input type="checkbox"/> MAESTRO (non UK issued) <input type="checkbox"/> VISA ELECTRON <input type="checkbox"/> MASTERCARD DEBIT (UK issued) <input type="checkbox"/> VISA DEBIT (UK issued) <input type="checkbox"/> MAESTRO (UK issued – Charge GBP230) <input type="checkbox"/> SOLO (Charge GBP230) Card Number: _____ Name as it appears on Card: _____ Valid from (if on card): _____ Expires End Date: _____ Security Number: _____ Issue Number (UK cards only): _____	Date: _____ Signature: _____ _____
--	--

The delegate fee must be paid in full before the date of the event. Substitutions for delegate bookings are allowed at any time and cancellations that are received in writing up to 30 days prior to the date of the event will be refunded (-10% administration fee). No cancellations and requests for refunds can be accepted in the final 30 days prior to a conference or seminar. For more details on terms & conditions, please visit www.aeropodium.com.

Please sign and date this document and return it to Aeropodium

FAX: +44 20 8711 5697

E-MAIL: register@aeropodium.com