



DELEGATE BOOKING FORM

EVENT

Title: Risk Management and Practical Solutions		Ref: RM1210
Date: 6 th December 2010	Venue: Sofitel Dubai Jumeirah Beach	City / Country: Dubai, UAE

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

<p style="text-align: center;">Delegate Fee: US\$190</p> <p style="text-align: center;">Credit & Debit Cards (please tick one):</p> <p><input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS (Charge GBP120)</p> <p>Card Number: _____</p> <p>Name as it appears on Card: _____</p> <p>Valid from (if on card): _____ Expires End Date: _____</p> <p>Security Number: _____</p>	<p>Date: _____</p> <p>Signature: _____</p>
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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

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