



## REGISTRATION FORM

Please complete the following form in BLOCK LETTERS and fax to +852 2854 9530 or email to [mandy@casbaa.com](mailto:mandy@casbaa.com).

For enquiries, please contact Mandy Tsui on +852 3929 1728.

<b>Delegate 1</b>	First Name:	Last Name:
Job Title:	Tel:	Mobile:
Email:	Fax:	
Company:		

**Photo (for name badge production): Please send us a colour and clear photo; file must be less than 2 MB and in jpg.**

<b>Delegate 2</b>	First Name:	Last Name:
Job Title:	Tel:	Mobile:
Email:	Fax:	
Company:		

**Photo (for name badge production): Please send us a colour and clear photo; file must be less than 2 MB and in jpg.**

<b>Contact Person:</b>	Address 1
Company:	Address 2
Tel:	Address 3
Mobile:	Postcode, Country:
Email:	Industry:

CASBAA uses email addresses and personal identifying information to provide news updates and to contact members and friends about our activities and events. We do not sell or transfer this information to other parties, except as may be necessary to administer our database, email lists, etc. (Third-party contractors must agree to protect the confidentiality of this information.) By providing the information above, you "opt-in" and agree that we may use your information for this purpose.

If you do not want to receive communications from us, you may make a request to CASBAA via [membership@casbaa.com](mailto:membership@casbaa.com) or tick this box

## CONVENTION DELEGATE FEE

Fee includes (if applicable): Lunch, refreshment breaks, cocktail receptions and conference documentation, but excludes accommodation and travel.

Per Person	Early Bird Rate (ends on 8 Sep)	Regular Rate (ends on 27 Oct)	No. of Persons	Total Amount
<input type="checkbox"/> CASBAA Member – Single	US\$ 1,520	US\$ 1,700	_____	_____
<input type="checkbox"/> CASBAA Member – Group of 5	US\$ 1,370	US\$ 1,530	_____	_____
<input type="checkbox"/> Non Member – Single	US\$ 1,950	US\$ 2,300	_____	_____
<input type="checkbox"/> Non Member – Group of 5	US\$ 1,780	US\$ 2,080	_____	_____
				<b>SUB TOTAL</b>

*\*The Early Bird Rate is only confirmed when the payment is made in full and all the payment must be settled within seven days of your registration or prior to the due date of the rate applied. Otherwise, Regular Rate applies without notice.*

Tick here if you want to opt-out from our Online Delegate Directory

**N.B.:** There will be no refund or cancellation for the convention delegate fee. Substitutions must be informed by email on or before Friday, 13th October to [mandy@casbaa.com](mailto:mandy@casbaa.com).



**PAYMENT METHODS**

Payment may be made by credit card, cheque (USD or HKD)\* or bank transfer (USD or HKD)\*. An invoice will be sent to you upon receipt of your registration. Please indicate method of payment:

<input type="checkbox"/> By Credit Card	<input type="checkbox"/> Visa Card      Name on Credit Card: _____  <input type="checkbox"/> Master Card      Credit Card Number: _____  <input type="checkbox"/> AMEX Card      Expiry Date: _____	<table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr><th colspan="2" style="text-align: center;">FOR OFFICE USE ONLY</th></tr> <tr><th style="width: 50%;">AUTH CODE</th><th style="width: 50%;">DATE</th></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>	FOR OFFICE USE ONLY		AUTH CODE	DATE		
FOR OFFICE USE ONLY								
AUTH CODE	DATE							
<input type="checkbox"/> By Cheque	Payable to: CASBAA Limited  And Mail to: CASBAA Convention 2016 802 Wilson House, 19-27 Wyndham Street Central, Hong Kong							
<input type="checkbox"/> By Wire Transfer	Account Name: CASBAA Limited Bank: HSBC (Hongkong & Shanghai Banking Corporation Ltd) Branch: Harcourt Road Branch, G/F Hutchison House 10 Harcourt Road, Central, Hong Kong							
<b>*All bank charges and any tax should be borne by payer</b>	Swift Code: HSBCHKHKKH							
<b>* For HKD, please use the exchange rate of 7.8</b>	Account Number: 102-265212-002 - for HKD deposits Account Number: 102-265212-274 - for USD deposits							

**CONFIRMATION**

I/we confirm that I/we:

- (a) have read and accepted CASBAA's substitution/ cancellation policy.
- (b) am/are authorised to sign this document on behalf of the above company.
- (c) agree CASBAA reserves the right for all final decision.

FULL NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**Please sign your name for your acknowledgement of payment and registration. Otherwise, your registration will not be accepted.**