



## 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	Regular Rate* (ends on 27 Oct)	On-site Rate (ends on 27 Oct)	No. of Persons	Total Amount
<input type="checkbox"/> CASBAA Member – Single	US\$ 1,700	US\$ 2,100	_____	_____
<input type="checkbox"/> CASBAA Member – Group of 5	US\$ 1,530	-	_____	_____
<input type="checkbox"/> Non Member – Single	US\$ 2,300	US\$ 2,700	_____	_____
<input type="checkbox"/> Non Member – Group of 5	US\$ 2,080	-	_____	_____
				<b>SUB TOTAL</b>

*\*The Regular 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, On-site 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: _____						
<table border="1"> <tr><th colspan="2">FOR OFFICE USE ONLY</th></tr> <tr><th>AUTH CODE</th><th>DATE</th></tr> <tr><td> </td><td> </td></tr> </table>		FOR OFFICE USE ONLY		AUTH CODE	DATE			<input type="checkbox"/> Master Card	Credit Card Number: _____
		FOR OFFICE USE ONLY							
AUTH CODE	DATE								
		<input type="checkbox"/> AMEX Card	Expiry 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:	HSBCHKHHHKH						
<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.**