



5TH AWBC & 1ST IGAD INVESTMENT FORUM, 3RD-5TH MARCH 2009 ADDIS ABABA

OFFICIAL DELEGATE REGISTRATION FORM

To register please fill out the form below in BLOCK CAPITALS

Delegate Information

Surname:	<input type="text"/>	First name	<input type="text"/>
Title:	Hon / Dr / Mr / Mrs / Ms	Position:	<input type="text"/>
Company:	<input style="width: 100%;" type="text"/>		
Address:	<input style="width: 100%;" type="text"/>		
	<input style="width: 100%;" type="text"/>		
	<input style="width: 100%;" type="text"/>		
Country	<input type="text"/>	Phone number	<input type="text"/>
Fax	<input type="text"/>	Website	<input type="text"/>
Email address	<input style="width: 100%;" type="text"/>		

Delegate, Advertising and Display Space Fees (please fill in as appropriate)

Registration includes: 2 day participation including: lunches, coffee breaks, evening receptions, conference materials and access to all sessions.

RATE FOR PRIVATE SECTOR	@ \$ 995 per delegate x _____ =	\$
RATE FOR PUBLIC SECTOR	@ \$ 495 Per delegate x _____ =	\$
Full page color advert in the Congress proceedings =	\$ 850	\$
Half page color advert in the Congress proceedings =	\$ 550	\$
Display space including: area to show material / pop up stand, 1 table, 2 chair & catalogue entry =	\$ 2190	\$
TOTAL =		\$

We hereby confirm our participation at this event. The execution of this contract and its receipt by AME Trade Ltd is deemed conclusive evidence of the Applicant's agreement to pay the full fees due, payment terms 100% up on receipt of invoice.

By signing this contract you are agreeing with the terms & conditions attached. Please note that VAT is chargeable at 17.5% for all UK applications and a 5% booking fee will be charged with all credit card payments.

PAYMENT PROCEDURE TOTAL \$ _____

- By Bank Transfer to: AME Trade Ltd, Barclays Bank Plc, North East London Group Branch, PO BOX 2403, London, UK. N18 2BY Account Number: 73164677 Sort Code: 205304 IBAN: GB95 BARC 2053 04 73164677 SWIFT BIC: BARCGB22
- Please charge \$ _____ to my Mastercard Visa Card

CARD NUMBER: _____ - _____ - _____ - _____ - _____ EXPIRY DATE: ____ / ____ security code ____

CARD HOLDER'S NAME: CARD HOLDER'S SIGNATURE:

Please email this form to: trade@ametrade.org or fax it to +44(0) 207 681 3120