Registration form (Please read booking conditions)

O YES! I would like to register for: 3rd International Hospitality Congress

**Price**

**PAYMENT OPTIONS**

O Charge to my debit account:

$ \_\_\_\_\_\_\_

Account Number: \_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_

O Pay by Cheque: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

$ \_\_\_\_\_\_\_\_\_\_

Please post a crossed cheque payable to Canopy Hospitality Association.

O Pay by Credit Card $\_\_\_\_\_\_\_\_\_

Please charge to my

O Mastercard O Visa O Amex

Card No.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Name of cardholder

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Expiry Date

\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

O Congress Fee $1299

O Early Bird Fee $1099

(Register by 15 July 2015, for first 200 only!)

\*prices are inclusive of GST

**DELEGATE DETAILS**

|  |  |
| --- | --- |
| **Delegate 1** Mr / Ms / Mrs / Dr | |
| Name | |
| Position | |
| Email | Phone |
| **Delegate 2** Mr / Ms / Mrs / Dr | |
| Name | |
| Position | |
| Email | Phone |
| **Fax** | |
| **Company** | |
| **Postal Address**  Send your completed registration form details by:  Canopy Hospitality Association, Ang Mo Kio Ave 10, #01-301 Singapore 560123 | |

O Please tick if you do not wish to receive

promotional information from IHC.