



IPEBLA/ CAA Joint Conference April 22- 24, 2012

Conference Registration Form

Please send this form to ipebla@managingmatters.com or fax it to + 1 416 929 5256. Full payment is due at least 7 days prior to the event.

MEETING VENUE & ACCOMMODATIONS

Half Moon, A Rock Resort
Rose Hall, St. James (Montego Bay), Jamaica
PH: 876-953-2211, FAX: 876-953-3244

HOTEL RESERVATION

Hotel reservations should be made online by clicking [HERE](#). Enter the attendee code 539490 where prompted and click "sign in". The room rate is available until *7th March 2012*.

CONFERENCE PROGRAM

Please click [HERE](#) to access the conference program.

CANCELLATION POLICY

There will be a 20% administrative charge for any cancellation received in writing prior to March 22, 2012. No refund will be given after April 8, 2012. There will be no refunds for "no-show" registrants.

CONFERENCE INFORMATION

For further information about the Conference, please contact: IPEBLA Management Office at ipebla@managingmatters.com or + 1 416 693 7775

PERSONAL DATA

We recognise that certain confidential information may be included in this Form. The CAA, IPEBLA and their representatives agree that any credit card information or other personal information contained in this Form will be held in the strictest confidence, subject to the Information Consent clause above, but in no event less than a reasonable degree of care, and will use such personal information only to process the individual's registration for the Joint Conference described herein.



International Pension and Employee
Benefit Lawyers Association



The Caribbean
Actuarial Association

Section 1: Registration Type (please select one):

- Early Bird Rate (before March 7, 2012) - \$500 USD
- Regular Delegate Rate (after March 7, 2012) - \$650 USD

Section 2: Membership Information

- I am an active IPEBLA member
- I am an active CAA member
- I am a non member
- Please send me information on IPEBLA membership
- Please send me information on CAA membership

Section 3: Delegate Information (please print)

First Name: _____
Last Name: _____
Organization: _____
Email: _____
Phone: _____
Address: _____
Country: _____

Dietary/ Special Requirements

- Please list: _____
- I have no special dietary requirements

How did you hear about this event?

- IPEBLA Marketing Material
- CAA Marketing Material
- IPEBLA Website
- CAA Website
- IPEBLA Member
- CAA Member
- Other: _____

Workshop Interest:

- I would like to be a speaker/discussion leader
- I am not interested in being a speaker/discussion leader

Section 4: Extra Guest Dinner Tickets

Please indicate the number of additional guest tickets you require for this event. The cost to delegates is included in the registration fee but a ticket is required for accompanying partner.

_____ x \$110 USD - Welcome Reception (Sun. April 22)
_____ x \$130 USD - Gala Dinner (Mon. April 23)

Please indicate your interest in any of the extra curricular activities below. Costs and details to be confirmed.

- Half Moon Golf
- Tuesday night dinner at Glistening Waters
- Guest Event 1: Swimming with Dolphins
- Guest Event 2: Visit to Rose Hall Great House, the home of the White Witch, and a trip to the local Craft Market.
- Guest Event 3: Tour of High Hope Plantation House & Gardens with lunch.

Section 5: Payment

- Cheque
- Bank draft
- Money Order
- Credit Card Visa
- Credit Card MasterCard
- Wire Transfer (please send me the bank details)

Card No. _____ Expiry Date _____

Authorized Signature _____

INFORMATION CONSENT

Consent for contact information to be disclosed to the delegates, suppliers, sponsors & exhibitors.

- I hereby give my consent
- I do not wish my contact information disclosed.