

Registration Email: weeling@asiainsurancereview.com

Conference Registration

Registered by _____

To: Ms Wee Ling, Asia Insurance Review
69 Amoy Street, Singapore 069 888 • Tel: (65) 6224 5583
DID: +65 6372 3167 • Fax: +65 6224 1091 • www.asiainsurancereview.com
Co. Regn no.: 199 003 818 H • GST Regn no.: M2-009 466 93

PERSONAL PARTICULARS

Name: Mr/Mrs/Ms/Dr/Prof
First Name: _____ Last Name/ Surname: _____
Nationality _____
Passport No _____
Job Title _____
Company _____
Address _____
Country _____
Tel: () _____
Cellular: () _____
Fax: () _____
email: _____

REGISTRATION

Special rate for members of Thai General Insurance Association Members (TGIA)

Please tick where applicable
 US\$900 per delegate*

Full registration fees MUST be paid before the valid dates for admittance at conference.

Only registrations FULLY PAID FOR by the early-bird deadline will be eligible for the discount.

I came to know about this conference through:

- AIR/MEIR magazine AIR/MEIR Website Brochure Email
 Referral by (Association/ Sponsor/ Speaker/ Exhibitor/ Business Contact)

Registration fee includes participation at Conference plus tea breaks and lunches.

All meals are prepared without pork, lard and beef.



Special Dietary Requirements

- I would like to have vegetarian meals during the Conference.

Closing date for registration: 16 April 2018

For cancellation in writing made before **3 March 2018**, 50% of the conference fee will be refunded. No refunds will be made for cancellations after **3 March 2018**. However, substitution or replacement of delegates will be allowed.

PAYMENT

I undertake to indemnify the organisers for all bank charges

- I enclose a cheque / bankdraft in US Dollars made payable to "ASIA INSURANCE REVIEW"
 Telegraphic / Wire Transfer to the following account:
DBS Bank
Marina Financial Centre, 12 Marina Boulevard,
#03-00 MBFC, Tower 3, Singapore 018982
Branch: Marina Financial Centre Branch
Account Name: Ins Communications Pte Ltd
• US\$ (Account No.: 0001 - 004838-01-9-022)
• Swift Code: DBS SSGSG

- Please debit the sum of US Dollars US\$ _____ for Conference Registration fee from my

- Mastercard VISA American Express

Card Holder's Name: _____

Card No.: _____

Expiry Date: _____ - _____ (mm-yy) Total Amount: US\$ _____

Signature: _____ Date: _____
(Conference fee is inclusive of prevailing GST for Singapore incorporated business)

Hotel Reservations:
Email: Michelle.soon@sofitel.com

Hotel Reservation Form

Attn: Ms Michelle Soon
Tel: +(65) 6428 5047
Mobile: + (65) 9062 1202
Email: Michelle.soon@sofitel.com

Sofitel Singapore City Centre
9 Wallich Street, Singapore 07888
Tel: +(65) 6428 5000, DID: +(65) 6428 5047
www.sofitel.com | www.accorhotels.com

PLEASE FILL IN GUEST PARTICULARS ON REGISTRATION FORM

ARRIVAL DATE

Check in date: _____

Flight: _____ ETA: _____

DEPARTURE DATE

Check out date: _____

Flight: _____ ETD: _____

ROOM TYPE / ROOM RATE

Room (subject to availability)

- Single S\$350++ per night
 Double S\$350++ per night

Room Preferences (subject to availability)

- King bedded Twin bedded
- Room rate inclusive of Internet. Room category is subject to availability.
 - All rates, quoted are subject to 10% service charge and prevailing government taxes, currently at 7% Goods and Services Tax (GST).
 - A 100% early departure fee will apply should the guest check out prior to the confirmed departure date.
 - Check-in time is at 15:00 hours; check-out time is at 12:00 hours.
 - Any no shows or cancellations will be subject to a penalty equal to the full duration of the confirmed reservation.
 - All reservations require credit card guarantee.

LIMOUSINE ARRANGEMENT

- Not required
 Airport to Hotel at S\$150.00++ per way via Merc E-Class
 Hotel to Airport at S\$150.00++ per way via Merc E-Class
Midnight charge of \$15.00++ per way per limo is applicable from 10pm to 7am.

Additional comments/special requirements:

RESERVATION GUARANTEE

Credit Card

- Visa Mastercard Amex
 Diners JCB

Credit Card Number: _____

Expiry Date : _____ month _____ year

Cardholder's name: _____

Signature of Cardholder: _____