

REGISTRATION FORM

Please complete and return this form together with payment to:

International Lead Association

Bravington House, 2 Bravingtons Walk, London N1 9AF, United Kingdom

Tel: +44 (0) 20 7833 8090; Fax: +44 (0) 20 7833 1611

E-mail: 16elbc@ila-lead.org



16ELBC VIENNA

4-7 SEPTEMBER 2018

NAME(s)	Please specify whether you are a DELEGATE or an ACCOMPANYING PERSON
Name:	
Job title:	
Name:	
Job title:	
Name:	
Job title:	
Name:	
Job title:	
Company:	Tel:
Address:	Fax:
VAT No. (must be provided where applicable)	E-mail:

Please tick here if you **do not** wish your name to appear on the delegate list to be circulated

Please indicate if you require an official letter to apply for a visa to visit Austria

CONFERENCE REGISTRATION FEES

Payment in Euro (€)	No.	Before 6 June 2018	On or after 6 June 2018
Delegate(s)	@	€1950 = €	€2200 = €
Accompanying person(s) <i>(Spouse/Non-Business Guest will <u>not</u> be entitled to enter the Conference sessions or the Exhibition)</i>	@	€ 375 = €	€ 375 = €
Pre-Conference Workshop (Tuesday 4 September)	@	€ 150 = €	€ 150 = €
Sub-Total		€	€
Less any applicable reductions		€	€
New Total		€	€
Austrian VAT @ 20%		€	€
TOTAL PAYMENT DUE		€	€

PAYMENT – Please indicate your chosen method of payment:

Bank Transfer to International Lead Association, Account No. 86147198 at Lloyds TSB Bank, Park Lane Branch, 14 Berkeley Square, London W1X 6BJ, Sort Code: 30 96 48, Swift Code (BIC): LOYDGB21088, IBAN: GB28 LOYD3096 4886147198. **Name(s) of delegate(s) must be clearly indicated on the bank draft, a copy of which must accompany the registration form.**

Credit Card. I authorise you to debit my **MASTERCARD/VISA/ No:**

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Start date:

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Expiry date:

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CVV No: (last 3 digits on signature strip of card)

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Cardholder Name: _____ **Signature:** _____

I have duly noted the registration and cancellation regulations and accept the conditions.

Signature: _____

Date: _____