



**Fax back this form to:
 +971 2 444 3987**

Delegate Registration Form

Please complete the following form to register for the conference. By completing this form you will also be able to access the exhibition. If you do not wish to attend the conference and only wish to register for the exhibition please register online at: www.wastesummit.com

Company details

Company name: _____
 Address 1: _____
 Address 2: _____
 Town/City: _____
 County: _____
 Postcode: _____ Country: _____
 Nature of company's business: _____
 Website: _____

Delegate details:

Delegate 1

Title: Mr Mrs Ms Dr Other _____
 First name: _____
 Surname: _____
 Job title: _____
 Email: _____
 Telephone: _____
 Mob: _____
 Fax: _____
 Dietary requirements/special needs: _____

Delegate 2

Title: Mr Mrs Ms Dr Other _____
 First name: _____
 Surname: _____
 Job title: _____
 Email: _____
 Telephone: _____
 Mob: _____
 Fax: _____
 Dietary requirements/special needs: _____

Terms and conditions:

CANCELLATIONS: Substitutes can be made at any time by contacting the organisers in writing. If you have to cancel your registration you may do so with full refund less 20% administration charge up to 12 May 2009. Cancellations received after this date will be liable for the full registration fee. Organisers shall not be liable for refunds should visas not be obtained.

PROGRAMME CHANGES: The organisers of the Middle East Waste Summit reserve the right to make changes to the programme at any time.

Delegate 3

Title: Mr Mrs Ms Dr Other _____
 First name: _____
 Surname: _____
 Job title: _____
 Email: _____
 Telephone: _____
 Mob: _____
 Fax: _____
 Dietary requirements/special needs: _____

Payment details:

Full conference pass - early bird rate: \$1,000 (if booked before 26 February)
 Full conference pass - normal rate: \$1,200
 Single day conference pass: \$500

Please select your method of payment. Please note, all credit card transactions will be subject to a 4.5% charge. This is NOT applicable should you choose to pay by invoice, debit card or cheque.

Please invoice my company

By credit card: (Tick as appropriate)

Amex Visa Mastercard

Card holder: _____
 Card no: _____
 Start date (if applicable): _____ Expiry date: _____
 Issue no: (if applicable) _____
 CVC number: _____ (last 3 digits from signature panel)
 Signed: _____ Date: _____

By cheque: Made payable to Turret Middle East
 Address: Rebecca Oxley, Turret Middle East, ADNEC House,
 PO Box 94891, Abu Dhabi, UAE.

This conference fee includes lunch, refreshments, conference documentation and official networking functions, but no transport or accomodation

DATA PROTECTION: The personal information provided by you will be held on a database and may be shared with other companies who wish to communicate offers to you related to your business activities. If you do not wish your details to be used in this way please tick this box

I have read and agreed to the above

Signed: _____ Date: _____