



# All Ireland Conference 2009

Thursday 21 May 2009, Park Plaza Hotel, Belfast International Airport

## Registration Form

### 1. Your Details

Name/s: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

IFP Member:  Yes /  No    Membership No.: \_\_\_\_\_    CFP Licensee:  Yes /  No

### 2. Options - Please complete where appropriate to indicate your choice:

All rates quoted include VAT @ 15%	IFP Member	Non-Member	Amount Payable
<input type="checkbox"/> Full day attendance	£99.00	£138.60	
<input type="checkbox"/> Morning Only	£50.00	£70.00	
<input type="checkbox"/> Afternoon Only (includes lunch)	£ 60.00	£84.00	
<input type="checkbox"/> I would like to register my interest for dinner on 20 <sup>th</sup> May ( <i>subject to demand; details and price tbc</i> )			
<b>GRAND TOTAL</b>			

### 3. Payment

**CHEQUE**    I enclose a cheque for the **GRAND TOTAL** above made payable to 'Institute of Financial Planning'

**CREDIT/ PAYMENT CARD**    Please debit my credit card for the **GRAND TOTAL** above

Visa     Mastercard     Other (Amex not accepted):

Name on card (as printed): \_\_\_\_\_

Card address: (if diff to above) \_\_\_\_\_

Card number: \_\_\_\_\_

Expiry date: \_\_\_\_\_

Issue # or 'valid from' date \_\_\_\_\_

3 digit security No: \_\_\_\_\_

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

### 4. Special Requirements

Do you have any special requirements to enable you to attend this event? (eg: diet etc)

No     Yes (please give details) \_\_\_\_\_

### 5. Where did you hear about this event?

To help us with our future marketing, please confirm where you heard about this event:

### Terms & Conditions of Booking

Booking terms & conditions are available via the IFP website, [www.financialplanning.org.uk](http://www.financialplanning.org.uk), under the events tab. If you would like to be emailed a copy please contact the IFP office on 0117 9452470.

### 6. Authorisation

By signing this booking form, you and any delegates you are booking on to this event, are agreeing to the terms and conditions of booking.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### Please complete and return to:

**ALL IRELAND CONF REGISTRATIONS, Institute of Financial Planning, Whitefriars Centre, Lewins Mead, Bristol BS1 2NT  
F: 0117 929 2214**

#### Office Use Only

Date Received: \_\_\_\_\_ Processed: \_\_\_\_\_

Notes: \_\_\_\_\_