

Registration form

Resources Law Conference South East Asia 18–20 February 2009, The Westin Kuala Lumpur, Malaysia

Please read the 'Information' section before completing this form and return it together with your payment to Katherine Mittas, AMPLA at the address below.

Personal details *(Please attach your business card or write in block capitals)*

Title _____ Given name _____ Family name _____

Name and country to be shown on badge (if different from above) _____

IBA membership number *(if applicable)* _____ Date of birth _____

Firm/company/organisation _____

Address _____

Tel _____ Fax _____

E-mail _____

Guest name (if applicable) _____

Special dietary requirements _____

Executive Assistant details

Name _____ E-mail _____

Tel _____ Fax _____

Registration form and fees received:	On or before 14 December	After 14 December	Amount payable
AMPLA/IBA member	AUD1135	AUD1340	AUD
Non-member*	AUD1445	AUD1650	AUD
Malaysian delegates**	AUD845	AUD1055	AUD
Conference dinner	AUD105	AUD105	AUD

Social functions

Welcome reception

Wednesday 18 February

I would like to attend the welcome reception at Splash

NIL

Conference dinner

Number of tickets @ AUD105

Thursday 19 February

x _____

AUD

* If you would like to become a member of the IBA/AMPLA we encourage you to do so now in order to register for this conference at the 'member rate'. Full details of how to join the IBA and AMPLA can be found at www.ibanet.org and www.ampla.org respectively.

**Reduced rate offered to lawyers registered to practice and resident in Malaysia.

TOTAL AMOUNT PAYABLE

AUD

Full payment must be received in order to process your registration. Please note that registrations are not transferable.

Payment details

I enclose a cheque/bank draft made payable to "AMPLA Limited" for the total amount payable.

I have transferred to the AMPLA bank account the total amount payable and have attached a copy of the bank transfer details.

BSB: 083 054

A/C: 51 5153292

Bank: NAB

Account name: AMPLA Limited

Please charge the total amount due to my Visa/MasterCard/American Express. *Other cards are not accepted.*

Card number _____ Start date _____ Expiry date _____

Name of card holder _____

Signature _____ Date _____

Where did you first hear about this conference?

IBA/AMPLA CONFERENCE OTHER CONFERENCE DIRECT MAIL INTERNET ADVERTISEMENT

E-MAIL EDITORIAL RECOMMENDATION OTHER

Please provide further details, quoting code (if applicable)

IBA/AMPLA listings are provided to relevant third parties for marketing purposes. The IBA/AMPLA will treat your personal information with the utmost respect and in accordance with the relevant data privacy laws.

If you are agreeable to passing on your details, please tick this box

If you do **not** wish to receive IBA/AMPLA information and materials, please tick this box

Please send the completed form to:

Katherine Mittas

AMPLA

4th Floor, 360 Little Bourke Street

Melbourne 3000, VIC, Australia

Tel: +61 3 9670 2544 Fax: +61 3 9670 2616

E-mail: k.mittas@ampla.org

For office use only Payment _____ Banked _____ Processed _____
