



the global voice of the legal profession

Madrid 2009

4 – 9 October



REGISTRATION FORM

- Registrations cannot be acknowledged by fax and cannot be processed at the IBA office after **Wednesday 23 September**.
- This form is valid for one delegate only. Copies may be made for additional registrations.

Please return this form to:

International Bar Association

10th Floor, 1 Stephen Street, London W1T 1AT, United Kingdom

Fax: +44 (0)20 7691 6544 / +44 (0)20 7691 6545

Please type or use block letters or attach a business card

Title (Mr, Mrs, Ms, etc) _____ Family name _____ Given name _____
 IBA membership no (if applicable) _____ Date of birth _____
 Firm/Company/Institution _____
 VAT No _____
 Address _____
 Telephone _____ Fax _____
 E-mail _____

BADGE

Name and country to be shown on badge, if not as above _____

ACCOMPANYING PERSON(S)

(Please refer to page 79)

*Please note that an accompanying person fee of €230 inclusive of Spanish VAT at 16% is applicable.

1. Name _____ Country _____
 2. Name _____ Country _____
 3. Name _____ Country _____
 4. Name _____ Country _____

*Accompanying persons may not attend working sessions

LIST OF PARTICIPANTS

Name and address of hotel or contact address in Madrid for inclusion in the final list of participants: please inform us of your details when confirmed or amended.

Note: If you are making your hotel reservation through the official housing agents, JLC, you **must** also complete and submit the **separate Accommodation Form** to JLC to secure your hotel booking.

*In order for your name to appear in the preliminary list of participants, available on the IBA website, your registration must be received at the IBA office by **Friday 17 July** at the latest.*

*In order for your name to appear in the final list of participants, available at the Conference, your registration must be received at the IBA office by **Monday 24 August** at the latest.*

SPECIAL DIETARY REQUIREMENTS

If you have special dietary requirements, due to religious or medical reasons, please specify the requirement and indicate the number of meals per function. The IBA is unable to cater for dietary requirements other than for the above reasons.

Please state dietary requirements clearly, ie I am a vegetarian, I do not eat red meat, I am allergic to nuts, etc

Meal requirement	Function	Date	No of meals

For official use only Payment _____ Over-payment _____ Banked _____ Under-payment _____
 Ref no _____ Refund _____ Processed by _____ General _____