



International Lead Association

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REGISTRATION FORM

Please complete and return this form together with your payment

NAME(s)	Please specify whether you are a Delegate or an Accompanying Person
1.	
2.	
3.	
Company:	Tel:
Address:	Fax:
Company VAT No.	Email:

Please indicate if you require an official letter to apply for a visa to visit Lisbon: Yes No

CONFERENCE REGISTRATION FEES		Before 20 February 2015	After 20 February 2015
Delegate(s)	@	€1295 = €	€1495 = €
ILA Member(s)	@	€1095 = €	€1295 = €
Accompanying person(s)	@	€100 = €	€100 = €
Workshop (special reduced rate applicable to conference delegates only)	@	€150 = €	€150 = €
Sub-total		€	€
Portuguese VAT @ 23%		€	€
Total payment due		€	€

Please indicate your chosen method of payment:

Bank Transfer to International Lead Association-Europe, 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:

Expiry date:

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

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Credit card billing address: _____

(if different to above address)

Cardholder Name: _____ **Signature:** _____

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

Signature: _____ **Date:** _____