

6th International Bird Flu Summit

27-28 March 2008 Bali, Indonesia

Fax this form to register now!

FAX +1-202-280-1239

This form may be copied for additional registrations.

Name: _____

Title: _____

E-Mail: _____

Phone: _____

Fax: _____

COMPANY/ORGANIZATION DETAILS

Name: _____

Company Size: _____

Nature of Business: _____

Website: _____

Address 1: _____

Address 2: _____

City: _____

State: _____ Zip: _____ County: _____

All Prices are in U.S. \$*

Registration Type	Regular Price	Total
Commercial Registration	2,395	
Public Health Registration	1,995	
Conference Documentation	795	
*Add \$150 for on-site registration/payment		Total Amount Due

Payment Options

Please find attached a check payable to New Fields Exhibitions.

Please Charge my: Visa Master Card American Express

Card Number: _____

Exp. Date: _____

Card Holder's Name: _____

Billing Address: _____

City: _____ State: _____

Zip: _____ County: _____

Signature: _____ Date: _____

Sales Contract

Conference: **6th International Bird Flu Summit**

Date(s): **27-28 March 2008**

Venue: **Bali International Convention Centre
The Westin Hotel & Resort Nussa Dua**

PROMOTIONAL CODE: **N F D D 0 1**

TERMS & CONDITIONS

1. Fees are inclusive of program materials and refreshments.
2. This Sales Contract constitutes a legally binding contract.
3. It may be necessary for reasons beyond the control of **New Fields** to change the content and timing of the program, the speakers, the date or the location without notice. If for any reason, **New Fields** decides to postpone this conference, **New Fields** is not responsible for covering airfare, hotel, or other travel costs incurred by clients. The conference fee will not be refunded, but can be credited to a future conference. In the unlikely event of the program being cancelled **New Fields** will automatically make a full refund but disclaim any further liability.
4. Copyright: All intellectual property rights in all materials produced or distributed by **New Fields** in connection with this event is expressly reserved and any unauthorized duplication, publication or distribution is prohibited.

SPECIAL ASSISTANCE

If you have a disability and require special assistance during the Conference,

- Please check this box and attach a letter describing your specific needs or requirements.

REGISTRATION PAYMENT

Registrations must be accompanied by payment in full in US dollars. Authorized Government Purchase Orders USA only will be accepted but must accompany the registration form.

TAX DEDUCTIBILITY

Expenses of training including tuition travel, lodging and meal, incurred to maintain or improve skills in your profession may be tax deductible. Consult your tax advisor. Federal Tax ID:98-0361169

REFUND POLICY

Full refunds for the cancellations will be given only until February 10, 2008. There is no charge for substitutions, but you must submit a letter authorizing the transfer signed by the registered delegate one day prior to the event starting date.

DELEGATE PREFERENCES

- Please do not announce my participation.
- Please do not list me in the Delegates Directory.
- Please only list my name and email in the Directory.

CONFIRMATION DETAILS

If you do not receive a letter confirming the conference details two weeks prior to the event, Please contact the conference Coordinator at New Fields.

AUTHORIZATION:

Signatory must be authorized to sign in behalf of contracting organization.

Name: _____

Position: _____

Signature: _____ Date: ___/___/___

PRODUCED BY

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CUSTOMER SERVICE CENTER

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