

Delegate Fees

| Public Sector | | Private Sector |
|---------------|---------------------|----------------------|
| 1 Place | STANDARD RATE: \$99 | STANDARD RATE: \$249 |
| 2+ Places | STANDARD RATE: \$89 | STANDARD RATE: \$229 |

Delegate Details

| Delegate Name | Position | Email Address |
|---------------|----------|---------------|
| 1. | | |
| 2. | | |
| 3. | | |

* Please inform us in advance by email of any accessibility/dietary requirements.

Key Contact Details

Name: _____
Organisation: _____
Department: _____
Address: _____
Telephone: _____
Email: _____

☐ Invoice details are the same as Key Contact Details

Invoice Details

Name: _____
Organisation: _____
Department: _____
Address: _____
Telephone: _____
Email: _____

Purchase Order No. (if applicable): _____

Method of Payment

- ☐ I will pay \$ ____ by Credit Card (Please contact me to obtain card details)
☐ Please invoice my organization for \$ ____
☐ I enclose a check for \$ ____ payable to Public Policy Exchange

Confirmation

I/We agree to notify you of all cancellations and changes in writing no less than 30 days prior to the date of the event. I/We further agree to pay \$150 administration charge per place on cancellation. If cancellation is received less than 30 days prior to the date of the conference then the full fee is payable; however, a substitute may be sent.

Signed: _____

Date: _____

PLEASE EMAIL BACK TO bookings@publicpolicyexchange.com