

**Delegate Fees**

	Public Sector	Private Sector
<b>1</b> Place	STANDARD RATE: \$99	STANDARD RATE: \$249
<b>2+</b> 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**

**Invoice Details**

Name: -----  
 Organisation: -----  
 Department: -----  
 Address: -----  
 Telephone: -----  
 Email: -----

Name: -----  
 Organisation: -----  
 Department: -----  
 Address: -----  
 Telephone: -----  
 Email: -----

Invoice details are the same as Key Contact Details

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](mailto:bookings@publicpolicyexchange.com)**