

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

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