###### Delegate booking form

Please return this form by email to [conferences@groundhandling.com](mailto:conferences@groundhandling.com)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Delegate name**  **inc salutation** |  | | | | | | | | | |
| **Job title** |  | | | | | | | | | |
| **Company** |  | | | | | | | | | |
| **Address** |  | | | | | | | | | |
| **City** |  | | | | **County/ State** | | | |  | |
| **Zip Code** |  | | | **Country** | | |  | | | |
| **Email** |  | | | | | | | | | |
| **Direct line** | + | | | | | **Mobile (Cell)** | | | + | |
| **Personal Assistant** | **Name:** | | | **Email:** | | | | | | **Tel: +** |
| **Magazine Subscription** | If you would like to receive a free subscription to ground handing international magazine; please answer the following question: **Your month of birth. For example: January, February etc, or 01, 02 etc)** | | | | | | | | | |
| **Regions I am responsible for** | | * Africa * Middle East * Asia * Australia & Pacific * SE Asia | | | | | | * Europe (Continental) * North America * LATAM * Caribbean * Global | | |
| **I am responsible for** | | * Cargo Handling * Passenger Handling * Ramp Handling | | | | | | * Specifying/procurement of GSE * Specifying/ Procurement of IT | | |
| **Delegate fee & inclusions** | | | | | | | | | | |
| This year’s delegate fee is **€1000**  Fee includestwo days’ conference, conference guide, lunches, coffee breaks, One-to-One meetings, all networking events including the networking party and delegate dinner. **HOTEL room is not included in the delegate fee.** | | | | | | | | | | |
| **Cancellation terms and conditions** | | | | | | | | | | |
| Returning the booking form constitutes an agreement.  (delegate replacement is acceptable)  Cancellation will incur the following charges:  Cancellation after confirmation: 10% of the delegate fee  6-12 weeks prior to event 50% of the delegate fee  Less than 6 weeks 100% of the delegate fee | | | | | | | **Signed by:** | | | |
| **Payment terms: please select one option** | | | | | | | | | | |
| **Delegate fee: €1000**  **Currency: EUR**  Invoice (paid within 7 days of issue) | | | Account name: MA Exhibitions Ltd  Account Number: **7771 3965** Sort Code: **40-05-15**  BIC/SWIFT CODE: **MIDLGB22**  IBAN: **GB75 MIDL 4005 1577 7139 65**  Bank: **HSBC, 60 Queen Victoria Street, London, EC4N 4TR, UK** | | | | | | | |
| Credit Card Payment: If you wish to pay by credit card visit: | | | | | | | | | | |