



PARAPLANNER REGISTRATION FORM

Please tick and complete in full sections 1-8 of this form to ensure your registration is processed accurately.
One registration form should be completed per applicant and returned as directed.

NOTES:

- Rates for Paraplanners are standard member rates discounted by 25%
- Where applicable inclusive accommodation will be in the Manor House Hotel on site at the Celtic Manor Resort
- No further discounts apply
- Non member Paraplanner conference rates include a year's IFP Paraplanner membership if required

1. PERSONAL DETAILS

First Name: _____ Title: _____
 Last Name: _____
 Job Title: _____
 Company/Org: _____
 Company Address: _____
 Town / City: _____ Postcode: _____
 Telephone: _____
 Email: _____
 IFP Member: Yes No Membership No: _____
 CFP^{CM} Professional: Yes No

2. SPECIAL REQUIREMENTS

Do you have any special requirements to enable you to attend this event (e.g.: diet, access etc)?

3. PACKAGES & FEES

Cancellations made before MONDAY 17 SEPTEMBER 2012 will be refunded, less an administrative charge of 10% of the original booking. Cancellation charges apply from 10 working days prior the event. **See website for full booking terms & conditions of booking.** Substitutes are acceptable at any time [standard delegate rates will apply if the substitute is not a paraplanner]. All prices quoted include VAT at 20%.

OPTION A: All Inclusive Conference Package

THIS PACKAGE IS NO LONGER AVAILABLE AS ONSITE ACCOMMODATION IS FULL.

TO BE ADDED TO THE ACCOMMODATION WAITING LIST PLEASE EMAIL conference@financialplanning.org.uk

Sub-total £

OPTION B: Conference & Dinner Package

Conference package to include the following:

- i. Day 1, 2 & 3 conf passes (1, 2, 3 Oct)
 iii. Welcome & Gala Evening invitations
 iv. Fees: Rate required (specify below):

	Member	Non Member**
<input type="checkbox"/>	£286.84	£401.34

**Non members, see section 4.

Sub-total £

4. MEMBERSHIP OPTION

If required, the non member Paraplanner rates include a year's IFP Paraplanner membership. To benefit from membership please tick the box below:

IFP Paraplanner membership offer

PLEASE NOTE: Joining members are required to complete and sign a membership form to finalise their application.

5. OTHER INFORMATION

Have you attended the IFP conference before? Yes No

Please tick here if you would like further details of pre conference golf options. Golf

6. PAYMENT

Grand total payable

£

Make cheques payable to **Institute of Financial Planning**. Registration is confirmed on receipt of payment only.

Cheque M'card VISA VISA Debit Other (please specify, no AMEX): _____

If paying by card, please complete and sign below:

Name on card: _____

Reg address & postcode
(if diff to section 1) _____

Card number: _____

Expiry date: _____

Valid From Date: _____

3 digit security code: _____

Cardholder signature: _____

7. EMPLOYER AUTHORISATION

By signing this booking form you are confirming that the delegate registering at Paraplanner rates is a Paraplanner and is eligible for the discounted rates.

Signed: _____ Name: _____

Company: _____

Job Title/Position: _____ Date: _____

8. DELEGATE AUTHORISATION

By signing this booking form you are agreeing to the terms and conditions of booking.

To view the terms and conditions of booking, contact the IFP or visit www.ifpconference.org.uk

Signed: _____ Date: _____

Return to:

IFP Conference Registration, Institute of Financial Planning, Whitefriars Centre, Lewins Mead, Bristol BS1 2NT

F: 0117 929 2214

E: conference@financialplanning.org.uk

Office Use Only

Date Received: _____

Processed: _____

Notes: _____