



**CAACM**

*Caribbean Association of Audit Committee Members Inc.*

**1<sup>st</sup> Annual Meeting, Pre-Conference Training & Conference**  
**Bay Gardens Hotel**  
**Rodney Bay**  
**SAINT LUCIA**

**June 21 – 22, 2007**

***AUDIT COMMITTEES:***  
***Making Corporate Governance Work in the Caribbean***

**REGISTRATION PACKAGE**

# Caribbean Association of Audit Committee Members Inc

1<sup>st</sup> Annual Meeting, Pre-Conference Training & Conference

June 21 – 22, 2007

Bay Gardens Hotel Rodney Bay Saint Lucia

## Conference Overview and Concept

Caribbean Association of Audit Committee Members Inc (CAACM) was formed in June 2006 with the overall objective of improving the investment environment in the Caribbean region, and increasing investor confidence in the integrity of financial reporting and investor information through the continuous development of audit committee members.

Our First Annual Meeting, Pre-Conference Training & Conference has been planned around the theme ***Audit Committees: Making Corporate Governance Work in the Caribbean***, and will provide a forum for **existing/potential audit committee members, company directors and internal audit personnel** in the Caribbean to meet and discuss matters in relation to the development of corporate governance initiatives in the region, and in particular issues which affect audit committees and their effective operation.

The **Pre-Conference Training** session is part of an educational programme for audit committee members and directors - both new and more experienced - who would like to enhance their knowledge and understanding of audit committee responsibilities and activities. The curriculum will include:

- The role and responsibilities of the audit committee

- Audit committee interactions with CEO, management, internal and external auditors, IT directors and regulatory agencies
- The regulatory environment and requirements for financial disclosures
- An update on current accounting principles and issues
- Fiduciary responsibilities and minimizing legal exposure

The **Conference** emphasises the need to maximize excellence in corporate governance through the examination and discussion of issues critical to audit committee effectiveness, such as:

- Earnings Management
- IT Governance
- IFRS Implementation
- BASEL II Capital Accord
- Institutional and Regulatory Challenges to Caribbean Audit Committee Effectiveness
- Audit Committee Executive Sessions & Self-Assessment
- Audit Committee Selection Process & Independence.

Our specially selected presenters and panellists will deliver addresses, share their knowledge and experience and give meaningful feedback in discussion forums, in an effort to better equip audit committee members in their quest of *“Making Corporate Governance work in the Caribbean.”*



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**FAX REGISTRATION FORM**

(PLEASE TYPE OR PRINT IN BLOCK LETTERS)

**GENERAL INFORMATION**

Name: \_\_\_\_\_

Name to Appear on Name Badge: \_\_\_\_\_

Title: \_\_\_\_\_ E-mail: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

- Please reserve my place at the 2007 CAACM Annual Meeting (**members only**).
- Please reserve my place at the 2007 CAACM pre-Conference Training Session.
- Please reserve my place at the 2007 CAACM Conference.
- I will be staying at the:-

Bay Gardens Hotel ( )      Bay Gardens Inn ( )

(Please visit [www.caacm.com](http://www.caacm.com) to see details on the selected resorts properties)

- I will be accompanied by my spouse. Name of Spouse: \_\_\_\_\_
- I cannot attend.

**SPECIAL INFORMATION**

If you are not staying at any of the mentioned Hotels, please indicate where you will be staying while you are in Saint Lucia attending the 2007 CAACM Annual Meeting, pre-Conference Training and Conference.

Name of Hotel/Private Residence: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Physical disabilities requiring special facilities: \_\_\_\_\_

Please specify any food preferences/intolerance and allergies \_\_\_\_\_

\_\_\_\_\_

*N.B. Incidental charges - phone calls, laundry, mini bar and other personal expenditure are not included.*

**REGISTRATION FEES**

Category	No. of Delegates	Cost/Delegate (US\$)	AMOUNT
Member: Training		275.00	
Member: Conference		150.00	
Non-Member: Training		350.00	
Non-Member: Conference		200.00	
Accompanying Spouse		150.00	
TOTAL			

**METHODS OF PAYMENT**

Bankers Draft

(Please make drafts payable to: CARIBBEAN ASSOCIATION OF AUDIT COMMITTEE MEMBERS INC)

**CANCELLATION**

**A cancellation fee of US\$100 is payable if written cancellation is received on or before June 14, 2007; this will be deducted from amounts paid. No refunds will be payable from June 15, 2007.  
NO TELEPHONE CANCELLATIONS/ NO REFUNDS FOR NO-SHOWS.**

**PLEASE RETURN THIS FORM BY FAX TO:**

**Miss Cheryl Delice  
CAACM Secretariat**

c/o Caribbean Association of Indigenous Banks Inc (CAIB)

Fax : (758) 452 2878 E-mail: [caib@candw.lc](mailto:caib@candw.lc)

**Your reservation will be booked upon receipt of your Registration Form and confirmation forwarded to your office in due course. Please make copies of this form for reference.**



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**HOTEL RESERVATION FORM**



Bay Gardens Inn  
A Tropical Paradise



Bay Gardens Hotel  
Simply Intimate, Simply Unique, Simply Caribbean

[www.baygardensinn.com](http://www.baygardensinn.com)

[www.baygardenshotel.com](http://www.baygardenshotel.com)

FIRST NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

**CONTACT INFORMATION:**

MAILING ADDRESS: \_\_\_\_\_

TEL NUMBER \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

EMAIL ADDRESS:  
\_\_\_\_\_

ROOM MATE (if applicable): \_\_\_\_\_

DATE OF ARRIVAL: \_\_\_\_/\_\_\_\_/2007 FLIGHT NO. & TIME: \_\_\_\_\_

DATE OF DEPARTURE: \_\_\_\_/\_\_\_\_/2007 FLIGHT NO. & TIME: \_\_\_\_\_

NO. OF NIGHTS: \_\_\_\_\_ NO. OF PERSONS: \_\_\_\_\_ NO. OF ROOMS: \_\_\_\_\_

SPECIAL REQUESTS: \_\_\_\_\_

\_\_\_\_\_

**GUARANTEE OF RESERVATION:**

To guarantee your reservation please return the completed reservation form by May 15, 2007 with a 3-night payment for each room.

**METHOD OF PAYMENT**

CREDIT CARD:			
<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card	<input type="checkbox"/> American Express	<input type="checkbox"/> Discover

CARD NO: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**CANCELLATION: -**

Should your travel plans change, please advise us in writing. Cancellations received after June 15, 2007 will incur a 1-night penalty. Cancellations received on/after June 18, 2007 or "no show" will incur 3-night penalty. We strongly recommend that you purchase flight insurance to cover any unforeseen circumstances and protect against loss of your deposit.

**PLEASE RETURN THIS FORM BY FAX TO:**

**Miss Cheryl Delice**  
**CAACM Secretariat**  
c/o Caribbean Association of Indigenous Banks Inc (CAIB)  
Fax : (758) 452 2878  
E-mail: caib@candw.lc

**Your reservation will be booked upon receipt of your registration form and confirmation forwarded to your office soon after. Please make copies of this form for reference.**

## HOTEL ROOM RATES (US\$)

### BAY GARDENS HOTEL

Website: [www.baygardenshotel.com](http://www.baygardenshotel.com)

Telephone: 1 (758) 452 8060

	STANDARD*	SUPERIOR*	JR. EXECUTIVE*
SINGLE [ ]	130.00 [ ]	140.00 [ ]	150.00 [ ]
DOUBLE [ ]	140.00 [ ]	150.00 [ ]	160.00 [ ]

### BAY GARDENS INN

Website: [www.baygardensinn.com](http://www.baygardensinn.com)

Telephone: 1 (758) 452 8200

	STANDARD*	SUPERIOR*	JR. EXECUTIVE*
SINGLE [ ]	115.00 [ ]	115.00 [ ]	115.00 [ ]
DOUBLE [ ]	120.00 [ ]	120.00 [ ]	120.00 [ ]

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***\*The above rates are quoted in US Dollars and are inclusive of: 10% service charge, 8% government tax and full breakfast per room per day.***

## DRESS CODE

Cocktail party : Elegantly casual

Pre-Conference Training  
& Conference : Business casual

- Ladies: polo shirt and business pants/skirt (e.g.)
- Gents : polo shirt and business pants (e.g.)



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**ARRIVAL INFORMATION**

(Please complete in BLOCK letters)

NAME: \_\_\_\_\_

COMPANY: \_\_\_\_\_

COUNTRY OF ORIGIN: \_\_\_\_\_

NUMBER OF PERSONS ACCOMPANYING DELEGATE: \_\_\_\_\_

AIRLINE CARRIER: \_\_\_\_\_ ARRIVAL DATE: \_\_\_\_/\_\_\_\_/2007  
DD MM

FLIGHT NUMBER: \_\_\_\_\_ ARRIVAL TIME: \_\_\_\_\_ A.M./P.M.

PIECES OF LUGGAGE (including Hand Luggage): \_\_\_\_\_

OTHER COMMENTS: \_\_\_\_\_

TRANSPORTATION NEEDED: ( ) YES ( ) NO

**DEPARTURE INFORMATION**

(Please complete in BLOCK letters)

NUMBER OF PERSONS ACCOMPANYING DELEGATE: \_\_\_\_\_

AIRLINE CARRIER: \_\_\_\_\_ DEPARTURE DATE: \_\_\_\_/\_\_\_\_/2007  
DD MM

FLIGHT NUMBER: \_\_\_\_\_ DEPARTURE TIME: \_\_\_\_\_ A.M./P.M.

PIECES OF LUGGAGE (including Hand Luggage): \_\_\_\_\_

OTHER COMMENTS: \_\_\_\_\_

TRANSPORTATION NEEDED: ( ) YES ( ) NO

\_\_\_\_\_  
*Delegate's Signature*