

20th Asia Nat CAT and Climate Change Summit 2024

10-11 July 2024, Manila, Philippines

Registration Email: loga@asiainsurancereview.com

Registration

To: Ms Loga, Asia Insurance Review
103A Amoy Street, Singapore 069 923
www.asiainsurancereview.com
Co. Regn no.: 199 003 818 H • GST Regn no.: M2-009 466 93

Registered by _____

This form is to be used by
Companies in Philippines ONLY

PERSONAL PARTICULARS

Name: Mr/Mrs/Ms/Dr/Prof

First Name: _____

Last Name/ Surname: _____

Nationality: _____

Passport No: _____

Job Title _____

Company _____

Address _____

Country _____

Tel: () _____

Cellular: () _____

Fax: () _____

email: _____

REGISTRATION

Special rate for Companies in Philippines ONLY:

Please tick where applicable

US\$600* per delegate

*Full registration fees MUST be paid before the valid dates for admittance at conference.

I came to know about this conference through:

AIR/MEIR magazine AIR/MEIR Website Brochure Email
 Referral by (Association/ Sponsor/ Speaker/ Exhibitor/ Business Contact)

Registration fee includes participation at Conference plus tea breaks and lunches. All meals are prepared without pork, lard and beef.

Special Dietary Requirements

I would like to have vegetarian meals during the Conference.

Closing date for registration: 3 July 2024

For cancellation in writing made before 3 July 2024, 50% of the conference fee will be refunded.

No refunds will be made for cancellations after 3 July 2024. However, substitution or replacement of delegates will be allowed.

PAYMENT

I undertake to indemnify the organisers for all bank charges

Telegraphic / Bank Transfer to the following account:

DBS Bank
Marina Financial Centre, 12 Marina Boulevard,
#03-00 MBFC, Tower 3, Singapore 018982
Branch: Marina Financial Centre Branch
Account Name: Ins Communications Pte Ltd
• US\$ (Account No.: 0001 - 004838-01-9-022)
• Swift Code: DBS SSGSG

Please debit the sum* of US Dollars US\$ _____ for Conference Registration fee from my

Mastercard

VISA

American Express

A 5% surcharge is applicable as bank charges for all credit card payments.

Card Holder's Name: _____

Signature: _____

Card No.: _____

Date: _____

Expiry Date: _____ - _____ (mm-yy) Total Amount: US\$ _____

For speaking, sponsorship and partnership opportunities,
email: ritu@asiainsurancereview.com