



NATIONAL STUDENT SAFETY SUMMIT 2009

PLEASE COMPLETE THIS REGISTRATION CONTRACT

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Your Project Consultant (Jennifer Diaz)

NAME: _____

POSITION: _____

OFFICE NO (DIRECT LINE): _____

MOBILE NO: _____

EMAIL: _____

VEGETARIAN: () YES () NO

NAME: _____

POSITION: _____

OFFICE NO (DIRECT LINE): _____

MOBILE NO: _____

EMAIL: _____

VEGETARIAN: () YES () NO

NAME: _____

POSITION: _____

OFFICE NO (DIRECT LINE): _____

MOBILE NO: _____

EMAIL: _____

VEGETARIAN: () YES () NO

COMPANY

ORGANISATION: _____

APPROVING MANAGER: _____

ADDRESS: _____

INVOICE ATTN TO: _____

TEL NO: _____

FAX NO: _____

SIGNATURE / COMPANY'S CHOP: _____

TERMS & CONDITIONS

Cancellations & Substitutions. All cancellations must be made in writing at least 14 days in advance, and **COMFORI INT.** reserves the right to charge a USD250 hotel booking fee. Cancellation less than 7 days will be charged the full course fee. Substitutions are welcomed at anytime. However, please inform us at least 1 day before for preparations of necessary documents. Provided total fee has been paid, payment will be credited towards the rescheduled dates or to a future program should there be no substitution. No refunds are available for cancellations or postponements. **COMFORI INT.** reserves the right to cancel or postpone the program due to unforeseen circumstances. Where necessary, **COMFORI INT.** reserves the right to modify or alter the advertised topics

CONFERENCE VENUE

TO BE CONFIRMED, NEW YORK

For reservations, please make your bookings directly with the hotel. To enjoy special room rates, please quote Comfori's

Workshop on:

NATIONAL STUDENT SAFETY SUMMIT 2009

Hotel bills are to be settled by delegates directly with the hotel. Hotel reservations and travel arrangements are the responsibilities of the registrant. Please note that rooms are available at a first come first serve basis.

CONFERENCE FEE

Register Early and Save! All Prices are in USD

Regular Price	Delegates	Total
\$995	_____	_____

Add \$50 for onsite registration/payment

METHOD OF PAYMENT

Please note that payment must be received before the event. Payment is required within 5 working days on receipt of invoice.

Credit Card No:

Please charge my

VISA MasterCard American Express

Expiry Date /

Security Code

Card Holders' Name: _____

Signature: _____ Date: _____

Billing Address: _____

City : _____ State/Province/Region _____

Postal Code _____ County _____

Email Address: _____

Home Telephone: _____

Confirmation Details: After receiving payment, a receipt will be issued. If you do not receive an email outlining the conference details two weeks prior to the event, please contact the Event Coordinator at Comfori International