

REGISTRATION FORM



2006 PCS CATASTROPHE CONFERENCE EUROPE

3 October 2006 | Le Méridien Piccadilly Hotel | London

AMC
Assekuranz Marketing Circle

Each person attending must complete a separate form. Reproduce the form if necessary.
Payment must accompany each registration.

Registrant Information

Please type or print clearly or attach your business card,
so we can print your badge correctly.

Mr. Ms. Dr.

Surname, First Name

Professional Designation

Nickname (for badge)

Title

Company

Address

City

Postcode

Country

Telephone

Fax

E-mail

Emergency Contact

Phone

Tell us about yourself (check one box in each column)

Type of company

- Insurance company
- Service company
- Independent adjuster
- Other: _____

Job function

- Executive
- H.O. management
- Field management
- H.O. support
- Field support
- Other: _____

Registration Fee: \$455 (AMC special rate)

Mailing Information

Mail completed form and payment (cheque) to:
ISO

Attn: Meetings Services, 18-2
545 Washington Boulevard
Jersey City, NJ 07310-1686

Wire Transfers

- I have submitted a wire transfer through

(bank's name) _____

Submission date: _____

- I have sent an e-mail to meetings@iso.com with
attendee name, company name, bank name, and wire
transfer submission date.

Fax completed registration form to:

001 - 201 - 748 - 1999

Dietary Restrictions

Special Needs

FOR ISO USE ONLY

Person ID _____ Reg. ID _____

People Code _____ Reg. Code _____

