

# Corporate Group Discount Package Registration Form

2016 European Investment Conference  
7-8 November 2016  
Hotel Okura  
Amsterdam, Netherlands

## Corporate Group Discount Rate: €575 per delegate (minimum of three delegates)

The Corporate Group Discount rate is the best available rate for this event. This discount is valid until **31 October 2016**. Completed registration form and payment must be received by 31 October; after 31 October regular registration fees apply. Note that the corporate group discount rate cannot be combined with other discounts.

### Company Recognition:

- Your firm will be recognized on the CFA Institute official website for the conference, including your company logo and URL link
- Your firm will be recognized onsite at the event in PowerPoint slides shown during session breaks

### Company Contact

\*Company Name \_\_\_\_\_

Company Website \_\_\_\_\_

\*Company Contact Name \_\_\_\_\_

\*E-mail \_\_\_\_\_

Business Address \_\_\_\_\_

\*City \_\_\_\_\_ State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_

\*Country \_\_\_\_\_

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

### Delegate #1

Mr.  Ms.  Mrs.  Miss  Dr.

\*Conference Attendee Last Name (Family Name) \_\_\_\_\_

\*Conference Attendee First Name (Given Name) \_\_\_\_\_

\*Name exactly as it should appear on the badge \_\_\_\_\_

CFA Institute Member/Candidate/CIPM Number (if applicable) \_\_\_\_\_

Job Title \_\_\_\_\_

Business Address \_\_\_\_\_

\*City \_\_\_\_\_ State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_

\*Country \_\_\_\_\_

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

\*E-mail \_\_\_\_\_

Dietary or special needs \_\_\_\_\_

**Delegate #2**

Mr. Ms. Mrs. Miss Dr.

\*Conference Attendee Last Name (Family Name) \_\_\_\_\_

\*Conference Attendee First Name (Given Name) \_\_\_\_\_

\*Name exactly as it should appear on the badge \_\_\_\_\_

CFA Institute Member/Candidate/CIPM Number (if applicable) \_\_\_\_\_

Job Title \_\_\_\_\_

Business Address \_\_\_\_\_

\*City \_\_\_\_\_ State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_

\*Country \_\_\_\_\_

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

\*E-mail \_\_\_\_\_

Dietary or special needs \_\_\_\_\_

**Delegate #3**

Mr. Ms. Mrs. Miss Dr.

\*Conference Attendee Last Name (Family Name) \_\_\_\_\_

\*Conference Attendee First Name (Given Name) \_\_\_\_\_

\*Name exactly as it should appear on the badge \_\_\_\_\_

CFA Institute Member/Candidate/CIPM Number (if applicable) \_\_\_\_\_

Job Title \_\_\_\_\_

Business Address \_\_\_\_\_

\*City \_\_\_\_\_ State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_

\*Country \_\_\_\_\_

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

\*E-mail \_\_\_\_\_

Dietary or special needs \_\_\_\_\_

If you want to register more than three delegates, print additional copies of the group registration form and submit the completed forms together.

## Payment Information

To be eligible for a group discount, your company must register three or more delegates at the same time. Payment is due at time of registration. No additional discounts apply. Forms received without payment will be confirmed on a space-available basis when payment is received. Completed registration form and payment must be received by 31 October; after 31 October regular registration fees apply. Confirmation e-mails will be sent within two weeks of receipt of your paid registration. **Attendance is limited. Please register early.**

## Cancellation Policy

A cancellation fee of €150 applies for all conference cancellations. No refunds will be issued for any cancellations received within 24 hours of program start. Sharing of registrations is not permitted. If a cancellation brings the group's delegate count below three and a substitute is not available, regular rates will apply to the remaining delegates and all cancellation fees and deadlines above will be applicable.

Corporate Group Discount Rate: €575 for each delegate (minimum of three delegates)

Number of delegates: \_\_\_\_\_

Charge to: (check one)

- Check (made payable to CFA Institute)
- Wire transfer (please [contact us](#) for instructions)
- Credit card (American Express, MasterCard, Visa)

Credit Card Number \_\_\_\_\_

Credit Card Type \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on card \_\_\_\_\_

Signature \_\_\_\_\_

## Submit Registration Form

Print and fax this completed form to +1 (434) 951-5240 or mail to:

CFA Institute, Registrations and Revenue, P.O. Box 2082, Charlottesville, VA 22902-2082 USA

Register by phone by calling +1 (434) 951-5499 or +1 (800) 247-8132 toll-free (USA and Canada only)

Questions? Please e-mail us for more information: [programs@cfainstitute.org](mailto:programs@cfainstitute.org)

## Submit Company Logo and URL

- Please include company logo for recognition
- Email company logo and URL to [programs@cfainstitute.org](mailto:programs@cfainstitute.org). Send file in EPS format. Logo must be at least 300dpi (dots per inch).
- We will not be sending a logo for recognition