



DELEGATE REGISTRATION FORM

ICAC 27th Annual Caribbean Conference
June 25 - 27, 2009
Guyana International Conference Centre

Registration No:
For official use only

GENERAL INFORMATION

ICAG has accredited 8 CPD hours to the Conference.

Participants will only be regarded as registered when the full registration fee has been paid and the registration process has been completed by submission of a confirmation notice from ICAG.

Delegate and Spouse

(Please print information. Note that you will be identified by the name submitted):

Company: _____

Family name: _____ First name: _____

Title: () Prof. () Dr. () Mr. () Ms. () Other

Spouse's name (if attending): _____

Address: _____

City: _____

Country: _____

Phone: _____ Fax: _____

E-mail: _____

24 - hour Emergency Contact: _____

Polo Shirt Size () XXL () XL () L () M () S

TRAVEL DETAILS

Arrival Date

Airline/
Flight No. _____ Arrival: _____ Time: _____

Departure Date

Airline/
Flight No. _____ Departure: _____ Time: _____

Ground transfers will be provided for all Delegates to and from the Airport.

Travel details can be provided on or before June 5, 2009

REGISTRATION INFORMATION

The registration fees for the Conference will be as follows:

EARLY BIRD: Up to April 10, 2009

NORMAL: After April 10, 2009

US\$450 per delegate • **US\$250** per spouse

US\$500 per delegate • **US\$300** per spouse

Registration fee for delegates covers admission to Conference sessions, lunch on each day of the Conference, transportation and admission to all Conference activities.

Registration fee for spouses covers participation in spouses' programme and transportation and admission to all Conference activities (excluding Conference sessions).

CANCELLATION POLICY

If you inform us of your cancellation by June 5, 2009, a fee of US\$150 will be charged. After this date, no refund will be made but a substitute delegate will be accepted at no extra cost.



HOTEL INFORMATION

Accommodation will be available at three of the leading hotels in Georgetown. All reservations are to be made directly with the hotels. All rates quoted include breakfast and are subject to 16% VAT. Rates quoted are applicable for the period June 22 - 29, 2009.

Pegasus Hotel Guyana

Seawall Road, Kingston Georgetown
Tel: (592) 225-2855 • Fax: (592) 225-3703
Website: www.pegasushotelguyana.com
E-mail: reservations@pegasushotelguyana.com

Executive Single	US\$130 per night
Executive Double	US\$145 per night
Luxury Single	US\$185 per night
Luxury Double	US\$210 per night
Booking Reference:	ICAC 10056

Buddy's International Hotel

(future member of Princess Group of Hotels)
Providence, East Bank Demerara
Tel: (592) 265-7001 • Fax: (592) 265-7002
Website: www.buddysguyana.com
E-mail: reservations@buddysguyana.com

Single Standard	US\$104 per night
Double Executive	US\$121 per night
Junior VIP Suite	US\$172 per night
Booking Reference:	ICAC001

Cara Lodge

Quamina Street, Georgetown
Tel: (592) 225-5301 • Fax: (592) 225-5310
Website: www.carahotels.com
E-mail: reservations.caralodge@carahotels.com

Standard Single	US\$100 per night
Standard Double	US\$110 per night
Executive Single	US\$115 per night
Executive Double	US\$125 per night
Booking Reference	AACF

PAYMENT

PAYMENT MUST ACCOMPANY REGISTRATION FORM

- VISA MASTERCARD
- Bank Draft/Bankers' Cheque to the amount of US\$

Cardholder Name: _____

Cardholder Number: _____

Expiry date: _____

Signature: _____

FOR OFFICIAL USE ONLY

Registration No. _____

Cheque No. _____

Payment Date _____

Process Date _____

ADDITIONAL INFORMATION

Please complete and return this form by mail / fax / e-mail to ICAG:

The Institute of Chartered Accountants of Guyana
P.O. Box 101055
216 Lance Gibbs Street, Queenstown
Georgetown, Guyana
Tel: (592) 223-7547 • Fax: (592) 225-3849
E-mail: admin@icag.org.gy

- i. One registration form per person
- ii. All drafts or cheques are to be made payable to THE INSTITUTE OF CHARTERED ACCOUNTANTS OF GUYANA

By sending in this registration form, I acknowledge that I commit myself to remit payment of the full Conference Fee and the conditions provided therein.

Signature: _____ Date: _____