



THE 25TH
INTERNATIONAL
FINANCING REVIEW
ANNUAL AWARDS
DINNER

Tuesday 28 January 2020
Grosvenor House, London

BOOKINGFORM

Please complete this booking form in full and email to cmi.awards@refinitiv.com

You can either:

- Complete the form online, include your e-signature, then save and send it
- Complete the form online, then print, sign and send it
or
- Print the form, complete it manually, then scan and send it

Please reserve _____
table(s) of 10 at £5,995 (plus VAT at 20%) per table

Please Note:

A maximum booking of 10 tables per organisation only.
The IFR table plan is devised on a strictly first come, first served basis – therefore, any group bookings received on different dates may not be seated together.

BOOKINGINFORMATION

Name: _____

Job title: _____

Department: _____

Company: _____

Address: _____

Postcode/Zip: _____

Country: _____

Tel: _____

Fax: _____

Email address: _____

Signature: _____

Date: _____

Contact name: (if different from above) _____

Tel of contact: (if different from above) _____

Contact email address: (if different from above) _____

BOOKINGENQUIRIES

Email: cmi.awards@refinitiv.com

Cancellation Policy: Cancellations received on or before 25 October 2019 will be refunded in full. Cancellations received after 25 October 2019 will be refunded in full if Refinitiv is able to resell the table/s (or seats). Non-attendance at the event will be charged at full rate. All cancellations and changes must be in writing and emailed to cmi.awards@refinitiv.com.

Security: As in previous years all guest details will be required at least two weeks before the event.

Personal Data: Any personal details about yourself that you provide to us in this form will be used by us to fulfil our obligations to you in relation to these Awards. We will also use these details to keep you informed about the 2020 IFR Awards Dinner.

Invoice payment: please note that full payment for all seats booked must be received by Refinitiv prior to the date of the Awards Dinner. Failure to do so could mean refusal of entry to the event.

BILLINGINFORMATION

Name: _____

Job title: _____

Department: _____

Company: _____

Address: _____

Postcode/Zip: _____

Country: _____

Tel: _____

Fax: _____

Email address: _____

VAT no: _____

PAYMENTINFORMATION

Please invoice me at the above address