IFR AWARDS 2014

THE 20TH INTERNATIONAL FINANCING REVIEW ANNUAL AWARDS DINNER

Wednesday 21 January 2015
Grosvenor House, London

BOOKING FORM

Please print and complete the booking form, then fax to + 632 403 9652 or scan and email to cmp.awards@thomsonreuters.com.

Please reserve _____
tables of 10 at £5,900 (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.

BOOKING INFORMATION

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)

BOOKING ENQUIRIES

Email: cmp.awards@thomsonreuters.com

Cancellation Policy: Cancellations received on or before 30 November 2014 will be refunded in full. Cancellations received after 30 November 2014 will be refunded in full if Thomson Reuters 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 cmp.awards@thomsonreuters.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 may also use these details to keep you informed of Thomson Reuters products and services which we believe may be of interest to you. We may also pass them to other members of the Thomson Reuters Group and to reputable companies outside the Group and they may contact you with details of their products and services.

If you do not want to be contacted by Thomson Reuters in relation to our other products and services please tick here ☐

If you object to Thomson Reuters sharing your details with other members of the Thomson Reuters Group and reputable companies please tick here ☐

BILLING INFORMATION

Name:

Job title:

Department:

Company:

Address:

Postcode/Zip:

Country:

Tel:

Fax:

Email address:

VAT no:

PAYMENT INFORMATION

☐ **Please invoice me at the above address**

☐ **Please debit my credit card**

Card No: _____

Security Code _____ **Expiry Date** _____

Name of Cardholder

Signature:

Date:

For any other enquiries, please email cmp.awards@thomsonreuters.com

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