



IAAPA

3rd Annual

MIDDLE EAST SAFETY INSTITUTE

15 MARCH, 2010

Radisson Blu Hotel, Abu Dhabi Yas Island • Abu Dhabi, UAE

▶ REGISTRATION FORM

REGISTRATION INSTRUCTIONS

- 1) Complete the registration form and return to IAAPA with payment.
- 2) Either fax or mail to: 3rd Annual IAAPA Middle East Safety Institute, IAAPA, 1448 Duke Street, Alexandria, VA 22314, USA. Fax: +1 703/738-7409, Attn: Angela Kernan.
- 3) Registration Deadline is March 10, 2010.
- 4) You may send a wire transfer payment for registration in U.S. dollars to: Bank of America, 1501 Pennsylvania Avenue. NW, Washington, D.C. 20005, USA. IAAPA Account Number: 0020-866-30597, A.B.A. No.: 026009593, Swift/BIC#BOFAUS3N. (Mail or fax a wire transfer confirmation receipt with registration form.)
- 5) Refunds will be issued for cancellations received in writing by March 10, 2010. After that date, no refunds will be issued.
- 6) You will receive a confirmation letter upon receipt of payment.

QUESTIONS OR FURTHER INFORMATION?

Tel: +1 703/836-4800, Fax: +1 703/738-7409, Contact: Angela Kernan, e-mail: akernan@IAAPA.org

Company Name: _____

Address: _____

City/State: _____ Country: _____ Zip/Postal: _____

Telephone: _____ Fax: _____
(INCLUDE AREA/COUNTRY CODE)

Delegate #1 Name (First, Last): _____ Position: _____

Delegate #2 Name (First, Last): _____ Position: _____

Delegate #3 Name (First, Last): _____ Position: _____

Delegate #4 Name (First, Last): _____ Position: _____

Delegate Type (select one): Theme Park Waterpark Entertainment Center
 Resort Attraction Manufacturer/Supplier/Consultant
 Developer Government Other: _____

PAYMENT

COST PER DELEGATE: \$99 USD × _____ delegates = \$ _____ US dollars

METHOD: Check (payable to IAAPA in U.S. bank) Wire Transfer (Copy attached to this form)

CREDIT CARD TYPE: MasterCard Visa AMEX Discover

Card #: _____ Security Code: _____ Exp. Date: _____

Cardholder's Name: _____

Signature: _____

