

Delegate Registration

Your details:

Code: CM1001

Contact person			Title		
Company name	In English				
	In Chinese				
Company address & postal code	In English				
	In Chinese				
Country of company			Country of company headquarters		
Phone			Fax		
Mobile			Email		
Delegate		Title		Email	
Delegate		Title		Email	
Delegate		Title		Email	
Delegate		Title		Email	
Delegate		Title		Email	
Website	Please duplicate this form if you have more participants. Email address is essential.				

Nature of your business:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Governments / associations | <input type="checkbox"/> Finance | <input type="checkbox"/> Legal / consultants | <input type="checkbox"/> Mining rights traders |
| <input type="checkbox"/> Trading companies | <input type="checkbox"/> Mining companies | <input type="checkbox"/> Technology | <input type="checkbox"/> Exploration |
| <input type="checkbox"/> Equipment makers and suppliers | <input type="checkbox"/> Education | <input type="checkbox"/> Media | <input type="checkbox"/> Other (please specify) |

Your metals / minerals focus:

- Precious metals
 Base metals
 Coal
 Iron ore
 Uranium
 REE
 Others (Please specify): _____

Registration category	Early bird rate(before Sep. 30)	Full rate	Quantity	Total price
Regular delegate	RMB 7,000	RMB 8,000		
Gala dinner ticket		RMB 700		
Corporate table at Gala dinner (10 tickets)		RMB 8,000		

Note:

1. Full rate will apply if you miss the early bird time. 2. Delegate package includes: • all congress documentation • lunches • cocktail receptions • coffee breaks. 3. Exhibitor package includes: • lunches • cocktail receptions • coffee breaks.

Payment Options:

Payment must be received within seven (7) days of verbal reservation. Please return this application to PO Box 1153, Subiaco WA 6904, Australia or alternatively fax to (61 8) 9381 9222. If paying by cheque, please make payable to Vertical Events.

*Please note a 4% surcharge will be added to all American Express and Diners Charges.

- Visa Card
 Master Card
 American Express*
 Diners Card*

Card Number: _____

Card Expiry Date: _____

Total to be paid: _____

Cardholder's Name: _____

Cardholder's Signature: _____

Cancellation Policy:

Cancellations will only be refunded, less a 40% administration fee, if a written request is received before October 10, 2010. No refunds will be made after October 10, 2010.

Please return the form by fax to: +61 8 9381 9222

