



3rd Annual  
**Australia**  
**Investment Management Summit**  
 18-19 May 2010 • Sofitel Melbourne on Collins • Melbourne, Australia

- 1 Registrant US \$7,500       2 Registrants US \$15,000

Please complete the information requested below clearly and exactly how it should appear in all printed materials for the Summit. In addition, please send a firm description (50-70 words) to appear in the Summit Workbook.

**1st Registrant**

Name \_\_\_\_\_

Job Title \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Assistant name, phone number and email address: \_\_\_\_\_

**2nd Registrant**

Name \_\_\_\_\_

Job Title \_\_\_\_\_

Company (if different from above) \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**AUTHORIZED SIGNATURE:** \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

The term of this non-cancellable agreement begins the date it is signed and accepted by Institutional Investor and ends upon completion of the Summit – May 19<sup>th</sup>, 2010. All payments are due either by credit card, wire transfer or by company check, at the time this agreement is submitted to Institutional Investor.

**Method of Payment:**

- Check enclosed (payable to Institutional Investor, PO Box 1575, New York, NY 10008-1575)

- Send invoice to (if different from above):

Attention:  
 Mr/Mrs/Ms \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip/Postalcode \_\_\_\_\_ Country \_\_\_\_\_

- Credit Card

Please contact Mr/Mrs/Ms \_\_\_\_\_ at (tel no.) \_\_\_\_\_ for credit card details

Please fax or email to: Lori Chase  
 Fax: 212-224-3805  
 Email: [LChase@iiconferences.com](mailto:LChase@iiconferences.com) or Phone: 212-224-3923  
 Institutional Investor, 225 Park Avenue South, 7<sup>th</sup> Floor, New York, NY 10003