

# MDRT Experience Registration Form

February 24–26, 2011

## Mail form and payment to:

### MDRT Experience 2011 Secretariat

c/o MCI Singapore Office  
73 Bukit Timah Road  
#04-01, Rex House  
Singapore, 229832

**Fax:** (+65) 6336.6449

**Online:** www.mdrdt.org

## Questions?

**Phone:** (+65) 6496.5500

**E-mail:** mdrdt-experience@mci-group.com

## Registration Fees and Deadlines

**450 SGD**

550 SGD

650 SGD

**June 1, 2010 – October 31, 2010 (early-bird rate)**

November 1, 2010 – January 31, 2011

February 1, 2011 – February 26, 2011

No refunds for registrations will be permitted. If you are unable to attend, you may transfer your registration to another delegate before **February 1, 2011**.

For group registrations of 20 or more people, please contact the MDRT Experience 2011 Secretariat.

## REGISTRATION INFORMATION [each line item is a field that required]

Are you an MDRT member?  Yes Member ID# \_\_\_\_\_

No

Family Name (Mr./Mrs./Miss/Ms.) \_\_\_\_\_

Given Name \_\_\_\_\_

Name as you wish it to appear on your badge \_\_\_\_\_

Position/Title \_\_\_\_\_

Company Name \_\_\_\_\_

E-mail Address \_\_\_\_\_

Address \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_

Postal Code \_\_\_\_\_

Country \_\_\_\_\_

Telephone (city/area code and number) \_\_\_\_\_

Fax \_\_\_\_\_

English is the official language of the 2011 MDRT Experience. Simultaneous interpretation of the Main Platform sessions will be provided when at least 100 registered delegates have requested interpretation in Bahasa Indonesian, Cantonese, Japanese, Korean, Mandarin, Thai and Vietnamese. Interpretation requests and payment must be made at the time of registration, on or before **December 1, 2010**. **The fee for interpretation service is SGD 30**. After December 1, 2010, interpretation radios will be provided based on availability.

**Select the appropriate language:**  Cantonese  Mandarin  Japanese  Korean  Thai  Vietnamese  
 Bahasa Indonesian

## Special needs

Please check category and attach a written description of your needs:  Visual  Auditory  Mobility

## PAYMENT INFORMATION

Registration Fee: SGD \_\_\_\_\_

Interpretation Service Fee: SGD 30

Total Registration Fee: SGD \_\_\_\_\_

Credit card information:

Card type:  American Express  MasterCard  VISA Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Month) (Year) Credit Card Verification Number: \_\_\_\_\_

## SIGNATURE

I authorize that the information I have provided on this form is complete and correct

Signature: \_\_\_\_\_ Date: \_\_\_\_\_